

**Request for Educational Records**

**THIS FORM IS USED TO REQUEST EDUCATIONAL RECORDS FROM THE SCHOOL OF PREVIOUS ENROLLMENT.**

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(School Last Attended)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, ZIP)*

Please send the educational records of the following student(s):

\_\_\_\_\_  
*(Student Name) (Grade) (Birthdate)*

\_\_\_\_\_  
*(Student Name) (Grade) (Birthdate)*

\_\_\_\_\_  
*(Student Name) (Grade) (Birthdate)*

Please also include the following:

- List of any grades repeated.
- Disciplinary records regarding suspensions and expulsions.
- Information regarding whether the following were received:
 

<input type="checkbox"/> Speech	<input type="checkbox"/> Special Ed	<input type="checkbox"/> Gifted/Talented
<input type="checkbox"/> 504	<input type="checkbox"/> LD	<input type="checkbox"/> OT
<input type="checkbox"/> IEP	<input type="checkbox"/> Title 1	<input type="checkbox"/> PT

These records should be sent to the following address: Anchorage Public School, Records Office  
11400 Ridge Road  
Anchorage, KY 40223  
Phone: 502-245-2121, Fax: 502-245-6249

\_\_\_\_\_  
**Principal/Designee's Signature**

This transfer is provided for in the Family Educational Rights and Privacy Act, as amended. Regulations do not require an acknowledgment from the parent/guardian or eligible student that s/he has received notification before records may be released to other educational institutions.

**RELATED PROCEDURE:**

09.14 AP.231

Review/Revised:7/28/2014