



LAS CRUCES
PUBLIC SCHOOLS

LAS CRUCES PUBLIC SCHOOLS

505 SOUTH MAIN, SUITE 400
LORETTO TOWN CENTER
LAS CRUCES, NM 88001

PHONE 575-527-5820

FAX 575-527-6625

This form is provided to comply with the U.S. Family Education Rights and Privacy Act (FERPA), regarding the release of student records. A summary of FERPA is available from the school principal.

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

To the school Officials:

You are authorized to release school records requested for the student name below:

STUDENT NAME _____ MIDDLE NAME _____ LAST NAME (MAIDEN NAME) _____ DATE OF BIRTH _____

SCHOOL _____ YEAR LAST ATTENDED _____ DID YOU GRADUATE? YES NO

- | | |
|--|--|
| <input type="checkbox"/> ALL AVAILABLE RECORDS | <input type="checkbox"/> IMMUNIZATIONS |
| <input type="checkbox"/> DATE OF ENROLLMENT OR WITHDRAWAL | <input type="checkbox"/> MOTOR VEHICLE DEPARTMENT |
| <input type="checkbox"/> TRANSCRIPTS OF CREDITS AND GRADES | <input type="checkbox"/> IMMIGRATION/DEFERRED ACTION |
| <input type="checkbox"/> TEST RECORDS | <input type="checkbox"/> OTHER _____ |

TO BE RELEASED TO:

- I WILL PICK UP -OR-
- I GIVE PERMISSION FOR _____ TO PICK UP MY RECORDS -OR-
- SEND RECORDS TO: _____
(Please provide address OR Fax number)

PICTURE I.D. IS REQUIRED TO OBTAIN RECORDS

DATE OF REQUEST _____

PHONE NUMBER _____

SIGNATURE OF REQUESTOR _____

CHECK ONE OF THE CATEGORIES: PARENT GUARDIAN (Provide legal documentation) SELF (if over 18 yrs. of age)

TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The above-mentioned records were released to person(s) indicated above on _____
Date

Signature of person releasing records