

UPWARD INTERNATIONAL SCHOOLS Authorization for Release of Student Records

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, please release to the Upward International Schools all records for the student named below, including:

SELECT CAMPUS

Pines Academy Campus

Upward Learning Centre 1

Upward Learning Centre 2

UIS Paradise

1.	Cumu	ativa	records
	Culliu	alive	records

- 2. Health records
- 3. Special Education records with:
 - a. IEP's, ITP's, BIP's
 - b. Academic, speech, and language assessments
 - c. Psychological evaluation and any additional pertinent information
 - d. Transcripts of completed work including grades to date
 - e. Any other educational information

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Student Name:	
Date of Birth:	
Parent/Legal Guardian Signature:	
Name of Last School Attended:	
Address of Last School Attended:	
Last School's Telephone Number:	Last School's Fax Number:
Check here if student was not previously enrolle attach explanation and educational history.	
Receiving Registrar:	
Please complete the following in response to Special Edu fax or by mail.	ıcation records, sign, date, and return either by
We do not have the records you have requested i	n our files.
We have not been able to locate the requested fil receive Special Education services.	es, but our records indicate this student did
After reviewing our records, it is determined that education services nor has been identified as being eligib	the above student has not received special ble for Special Education services.
PLEASE FORWARD ALL STUDENT RECO	
Jpward International Schools P. O. Box 1821 Magalia, CA 95954 USA ax: (530) 873-3455 Telephone: (530) 873-1412 Email:	
1st Request2nd Request	3rd Request Rev. 180615

