



Date Faxed: \_\_\_\_\_

**Attn: Registrar**  
**RETURN TO:**  
**Mail: 1406 Suther Road, Charlotte, NC, 28213**  
**Email: enroll@ucsnc.org, Fax: 980-819-0663**

**Records Request Authorization: 2023-2024 School Year**

**Choose one of the following two options:**

\_\_\_\_\_ My student has no records to request from previous schools. **(Stop here if this option is chosen)**

**OR**

\_\_\_\_\_ I hereby authorize the following institution to release the records of my child:

**ALL FIELDS MUST BE FILLED OUT**

<i>Name of Previous School:</i>	
<i>Type of School:</i>	___ Elementary ___ Preschool ___ Daycare ___ Home School
<i>Street Address:</i>	
<i>City, State, Zip:</i>	
<i>Phone:</i>	
<i>Fax:</i>	

**Please provide ALL Records from current and previous years (including previous schools):**

- o All Report cards and grades to date by marking period or final grade. Please include the grading codes.
- o Attendance records.
- o All IEP's, 504's, EC Records, etc. **PLEASE OBTAIN FROM EC TEACHER/COORDINATOR AND INCLUDE IN PACKET**
- o All available test scores.
- o Health records.
- o Immunization records.
- o Psychological evaluations (if applicable).

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Student's DOB

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date