



STUDENT RECORD REQUEST
Upstream Learning
Copper River School District

To: _____ (School Name)
 _____ (School Address)
 _____ (City, State, Zip)
 _____ (Fax number)

The following student(s) has requested enrollment into our program.
Records are needed as soon as possible to determine possible placement.
Please fax all records to the number below or email/scan to
lphillips@crsd.k12.ak.us
USE THIS PAGE AS A COVER PAGE ALONG WITH THE RECORDS

<u>Name of Student(s)</u>	<u>Date of Birth</u>	<u>Grade (enrolled in at last school)</u>
_____	_____	_____
_____	_____	_____

Last attended your school _____ Date of withdrawal from your school _____

Please forward the following information:

- ✓ Complete transcript w/Grades to Date
- ✓ Health Card and Birth Certificate
- ✓ Test Scores
- ✓ Special Education Records

Send Records to:

Upstream Learning
 PO Box 108
 Glennallen, AK 99588
 (907)-822-3234-ext. 227 or 226; Fax: 907-822-3949

We agree to observe appropriate confidentiality on all materials.

Thank you,
 Lanette Phillips, Administrative Assistant

 A school district in which a student enrolls may request student records from a school the student last attended without a parent signature of approval. See A: Protection of the Rights and Privacy of Parents and Students@ Section 438 Subsection (B)(1), Parts A&B, Page 97 as amended in 1976.

I understand that the information will be treated in a confidential manner and will not be transmitted to a third party.

 Signature of Parent or Legal Guardian _____
 Date