



Guadalupe CENTER

REQUEST FOR RECORDS

Student's Name	Birthdate	Grade
<hr/>		
School Last Attended	Street Address	
<hr/>		
City	State	Zip
<hr/>		

Please forward, for the above-named student, all records not requiring parent approval to the school listed below.

In compliance with the Family Education Rights and Privacy Act of 1974 which requires consent for the release of certain information, I hereby give consent for you to release, to the school listed below, the records and reports I have initialed:

- ☐ Education Records
- ☐ Medical Records
- ☐ Psychological Reports
- ☐ Other as indicated _____

PLEASE FORWARD INFORMATION TO:

GUADALUPE CENTER
1385 NORTH 1200 WEST
SALT LAKE CITY, UTAH 84116
Phone: 801-531-6100
Fax: 801-531-6106

_____ Parent Signature or School Administrator	_____ Date
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1st request ____/____/____ 2nd request ____/____/____ 3rd request ____/____/____