

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

PARENTAL CONSENT TO RELEASE STUDENT RECORDS

TO: _____

DATE: _____

PHONE: _____

FAX: _____

I hereby give my consent to have all cumulative records for:

STUDENT NAME: _____

GRADE: _____

DATE OF BIRTH _____

Forwarded to: PACIFIC GROVE MIDDLE SCHOOL
835 Forest Avenue
Pacific Grove, CA 93950
Phone: (831) 646-6568
Fax: (831) 646-6652

where my child is currently enrolled. Please make sure the original file includes the following:

1. Copies of all report cards, Grades 6-8 as applicable
2. Scholastic/Pupil Progress Data
3. Current Standardized test scores, including GATE as applicable
4. Attendance Data
5. Health Data
6. Resource Information/Current IEP as applicable

I understand that I have the right to receive a copy of the records, if desired and have the right to challenge the content of such records.

Thank you for your prompt attention to this matter.

Parent/Guardian Signature

Parent/Guardian Name Printed

Patti Odell, Registrar
Pacific Grove Middle School