



**Release of Student Records Request**

1). \_\_\_\_\_  
*Name of Student* \_\_\_\_\_  
*Enrolled in Grade*

\_\_\_\_\_  
*Name of Last School Attended*

\_\_\_\_\_  
*Complete School Address*

2). \_\_\_\_\_  
*Name of Student* \_\_\_\_\_  
*Enrolled in Grade*

\_\_\_\_\_  
*Name of Last School Attended (if different from above)*

\_\_\_\_\_  
*Complete Address (if different from above)*

3). \_\_\_\_\_  
*Name of Student* \_\_\_\_\_  
*Enrolled in Grade*

\_\_\_\_\_  
*Name of Last School Attended (if different from above)*

\_\_\_\_\_  
*Complete Address (if different from above)*

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

\_\_\_\_\_  
*Date of Request*

**The above student(s) have enrolled at Fairfield CSD, please send all scholastic records including special education/special programming records, as well as all health documents.**

Send records to:

Fairfield Community School District  
Attn: LaShai Rogers, Curriculum Secretary  
403 South 20th Street  
Fairfield, IA 52556  
Phone: 641-472-2655 Fax: 641-472-0269  
Email: lashai.rogers@fairfieldsfuture.org

Student(s) approximate start date at FCSD \_\_\_\_\_