

Lake George Charter School

37888 US Hwy 24

PO Box 420

Lake George, CO 80827-0420

Phone 719-748-3911 Fax 719-748-8151

LGSchool@lgcsco.org

Pat Lewis, Administrator

Lake George Charter School requests the release of all student records, including personal, medical, Special Education, and Psychological information for the following student:

(Please send all records to the address above.)

Student's Name: _____ Date of Birth: _____ Grade _____

Colorado Student ID #: _____

Previous School's Name and Address:

Telephone #: _____

Fax #: _____

X

Parent/Guardian Signature

(Family Educational Rights and Privacy Act of 1974 states that parental signature is not required for transfer of records between schools.)

INFORMATION REQUESTED:

_____ Immunization records

_____ Academic records (including Individual Literacy Plans (ILP) information)

_____ Standardized test records (including CSAP scores)

_____ Discipline records (including suspensions and/or expulsion records)

_____ Special services/IEP records (including all testing, most recent IEP, and triennial report)

_____ Medical records (including medications)

_____ Birth Certificate (official state form)

Administrative Secretary

Print Name

Date Sent _____

Date Records Received _____