



Glenwood Community School District

Cole Albright
Lorraine Duitsman
Jeff Bissen

Principal High School
Assistant Principal High School
Activities Director High School

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Release of Records:

DATE: _____

TO: _____ Name and address of previous school,
_____ Medical Facility or Social Services

REQUEST FOR TRANSCRIPT OF CREDITS/STUDENT INFORMATION RELEASE:

In accordance with the Family Educational Rights and Privacy Act 1994, I hereby authorize the release of all records and pertinent information regarding the below named student to:

GUIDANCE DEPARTMENT
GLENWOOD COMMUNITY HIGH SCHOOL
504 E. Sharp Street
GLENWOOD, IOWA 51534

STUDENT'S NAME: _____

GRADE IN SCHOOL: _____

BIRTH DATE: _____

_____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN or SIGNATURE OF STUDENT IF OVER AGE 18

Parent Phone# _____

PLEASE INCLUDE:

____ TRANSFER GRADES ____ CONSULTATIONS-SCHOOL OFFICIAL ____ IMMUNIZATION RECORDS
____ GRADES & CREDITS EARNED ____ SOCIAL SERVICES CONSULTATIONS ____ IEP INFORMATION
____ KEY TO GRADING SYSTEM USED ____ STANDARDIZED TESTING ____ CONVERSATIONS-HEALTH CARE
____ COPY OF BIRTH CERTIFICATE

____ If you would like Income Eligibility Information for Free & Reduced Meals provided to Glenwood School District