



Glenwood Community School District

Heidi Stanley Principal Middle School
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Release of Records: Middle School Grades 6-8

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 MIDDLE SCHOOL
400 SIVERS RD
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

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