



Request for Student Records K-8th Grades

Forest Ranch Charter School

PO Box 5
15815 Cedar Creek Rd
Forest Ranch, CA 95942
530-891-3154 530-891-3155 (Fax)

To: _____
Name of School/department request is being sent to

District

Mailing address

City/State/Zip

Phone Number Fax Number

Please forward all cumulative, health and special education/confidential student files and records for the student referenced below to:

Office Manager
Forest Ranch Charter School
PO Box 5
Forest Ranch, CA 95942

Name of Student

Birthdate

Grade

Authorization: I authorize the release of the above named student's records as provided under the Family Educational Rights and Privacy Act of 1980. I understand that I may obtain a copy of my child's school records (known as "personally identifiable records"). A photo static or FAX copy of my signature is as valid as the original.

Signature of parent/legal guardian relationship date

Address Street/City/State/Zip

Area Code/Phone Number

Date Requested