

School Board

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RELEASE OF RECORDS

Date: _____

To (Previous School):

Student Name: _____ D.O.B. _____

The student listed above has enrolled in our school. Please send the following records:

_____ Florida Student Number	_____ Transcript of Grades and Grading System
_____ Immunization Records & Copy of Physical	_____ Standardized Test Scores
_____ Birth Certificate	_____ Intellectual/Psychological Evaluations
_____ Copy of Home Language Survey	_____ 504 Plan
_____ Withdrawal Form with Transfer Grades	_____ Social History
_____ Attendance Information	_____ Special Education Records to include
_____ Discipline Report	most recent IEP and initial eligibility
	documentation

_____ Other _____

Please include any other records that may assist in proper placement of the student.

If the requested records are not available at your school, please let us know. Thank you for your cooperation. These records will be for professional use of authorized Hillsborough County Public School personnel only.

Authorized Personnel Name: **Mechelle Delage Lazar**

Authorized Personnel Email: **mechelle.delage@hcps.net**

Authorized Personnel Contact Phone Number: **813-651-2150 ext. 232**

Parent signature indicates approval for email or fax of records _____

Parent Signature