

Capps Middle & Mogollon Jr. High  
P.O. Box 820  
Heber, Arizona 85928

DATE: \_\_\_\_\_

PREVIOUS: \_\_\_\_\_  
SCHOOL \_\_\_\_\_

**REQUEST FOR AND RELEASE OF INFORMATION**

STUDENT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

GRADE: \_\_\_\_\_

Please send the following information:

- Arizona SAIS number (If student is from an Arizona school)
- Grade records through withdrawal date
- Last Report Card
- Explanation of your grading system
- Record of Immunizations
- Copy of Birth Certificate
- Standardized test records
- Discipline Records
- Special Education Records, including I.E.P.

***Please forward this request to  
Special Education Department if applicable***

Mail or fax to: Capps Middle & Mogollon Jr. High  
Attn: Susie Williams, Registrar  
P.O. Box 820  
Heber, AZ 85928  
Fax: (928) 535-9044  
Phone: (928) 535-4667 x 3000

I acknowledge notification of this transfer of records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a non school third party without my consent.

\_\_\_\_\_  
Signature of student/parent/guardian

\_\_\_\_\_  
Date