

El Capitan K-12 School
255 North Cottonwood Street, P.O. Box 309
Colorado City, AZ 86021
Phone: (928) 875-9000
Fax: (928) 875-9098

Request For Student Records

School Name _____

School Address _____

School Phone Number _____ Fax _____

In accordance with the El Capitan K-12 Public School District Policy, as allowed by law, I hereby authorize the release of the following information:

- Transcripts with number of credits earned
- Grades to date of leaving
- Standardized test scores and other guidance records
- Special Education Records
- Medical and Immunization Records

Student Name _____

Date of Birth _____ Grade _____

Parents or School Official Signature

Eligible Student Signature