W. W. ASHURST ELEMENTARY SCHOOL

NY AND VA DDESS
4320 DULANEY ROAD
QUANTICO, VIRGINIA 22134-2248
703-221-4108
FAX: 703-784-2694

DSO3

_____
(Date)

To: _____
(Individual/Organization)

_____
(Address)

_____
(City) (State) (Zip)

_____ _____/_____/_____ _____
(Student Name) (Date of Birth MM/DD/YYYY) (Grade)

The above-named student has been enrolled in our school for the current school year. We are requesting that you forward all records indicated below as well as any other information which will be helpful in ensuring the proper placement of this student. It is imperative that we receive all grades including those to the date of the student's withdrawal from school. Your cooperation in this matter is greatly appreciated.

Sincerely,

J. Weiss
Principal

The following records on the above-named student are requested:

_____ Regular School Records
_____ Category II Special Education Records
_____ Medical Records
_____ Psychological/Counseling Records
_____ Other: _____

I, the undersigned parent/guardian/18 year old student, authorize the release of the above mentioned material and certify that I am aware of my rights to review the above requested records.

_____ _____ _____/_____/_____
(Parent/Guardian/or 18 year old student) (Relationship) (Date MM/DD/YYYY)

_____
(Sponsor's SSN)

The NY/VA Dependents School System certifies that the information received will be used only to assist in planning for the educational needs of the student and will not be transmitted to others without signed parent/guardian/18 year old student authorization.