



## RELEASE OF STUDENT PRELIMINARY RECORDS REQUEST FORM

The student(s) listed below have applied for admission to Regis Middle School. Please forward the following information:

- Attendance History
- Transcript and/or Report Cards
- Standardized Tests
- Disciplinary Reports
- IEP or 504 Plan if applicable

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Grade**

I authorize for my students preliminary records to be shared with Regis Middle School.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Please forward to:

**Regis Middle School**

**Guidance Department**

**735 Prairie Drive NE**

**Cedar Rapids, IA 52402**

**319-363-1968 or Fax: 319-247-6099**