

Request 1 Date	
Request 2 Date	
Request 3 Date	

## **Student Records Request**

Charlotte Mecklenburg Schools Student Records Request				
Send requested records to:				
Requestor's Email Address:School Address:			er#:	
Requesting records from: School Name:				
Attention:				
Fax Number:				
<ul> <li>Send most recent Transcript (High Schools Only)</li> <li>Student's Birth Certificate and all Immunization &amp; Health I immunization records)</li> <li>All Discipline Records to date including any arrest records</li> <li>All legal documentation including the most current custod</li> <li>ALL Report Cards, including the most current quarterly rejoint ALL Test Scores, including but not limited to State Testing</li> <li>ESL (English as a Second Language) Evaluations, Testing, and All Individual Education Plan (IEP) documentation and accommodate Evaluations</li> <li>504 Plan, please include all documents to date</li> <li>Advanced Placement or Academically Gifted program documents are subject to suspension/exclusion if imm</li> <li>Student's Information</li> <li>Student's Name:</li> </ul>	, juvenile arrests, or referrals to juvenile of ly/guardianship documentation port card , End of Grade and End of Course testing, and documentation ommodations to date including all IEP Servenmentation and testing results unization Records are sent/received 30	letention etc. vice Evaluations and all Psyconomics days after enrollment.	chological	
Last Name	First Name	Middle Name		
Student's Date of Birth:  Current/Historical NC ID Number:		Current Grade	Level:	
Dravious CNAC Cabaal Attandad.		AIS BOX#:	(CMS Only)	
I consent for the above named school to release n	ny child's school records and any legal doc	uments to Charlotte-Meckl	enburg Schools	

CMS Education Center 4335 Stuart Andrew Blvd. Charlotte, NC 28217 CMS Courier 835-C

StudentRecords@cms.k12.nc.us Phone: 980-343-5424