

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:				
 Send most recent Transcript (High Schools Only) Student's Birth Certificate and all Immunization & Health I immunization records) All Discipline Records to date including any arrest records All legal documentation including the most current custod ALL Report Cards, including the most current quarterly rejoint ALL Test Scores, including but not limited to State Testing ESL (English as a Second Language) Evaluations, Testing, and All Individual Education Plan (IEP) documentation and accommodate Evaluations 504 Plan, please include all documents to date Advanced Placement or Academically Gifted program documents are subject to suspension/exclusion if imm Student's Information Student's Name: 	, 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