RELEASE OF STUDENT RECORDS

Triad Primary

I GRANT PERMISSION TO :

NAME OF CURRENT SCHOOL:

STREET ADDRESS:

CITY:

STATE: ZIP CODE:

TO RELEASE A COPY OF MY CHILD'S SCHOOL RECORD, INCLUDING THE FOLLOWING INFORMATION, TO TRIAD PRIMARY

- ***Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)***
- ***Standardized Achievement Test Scores***
- ***Teacher and/or Counselor Observations and Comments***
- ***Intelligence and Aptitude Test Scores***
- ***Record of Extracurricular Activities***
- ***Medical Records – Required by Nevada State Law***
- ***Family Background Data***
- ***Psychological Testing, Diagnostic, and Evaluation Reports***
- ***Any other information that would affect the student's ability to be successful at Triad Primary.***
- ***This would include disciplinary and behavioral records including any criminal conviction or juvenile adjudication.***

STUDENT INFORMATION

LAST NAME: FIRST NAME:

DATE OF BIRTH:

FIRST ATTENDED: LAST ATTENDED:

GRADE PARTICIPATED: ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

ADDITIONAL INFORMATION

PLEASE MAIL THE FORM TO:
TRIAD PRIMARY
ATTN: YVONNE BLINDE
780 TRADEMARK DR.
RENO, NV 89521

DATE:

PARENT'S / GUARDIAN'S SIGNATURE

TRIAD PRIMARY 780 TRADEMARK DR. RENO NV 89521 (775) 636-7408 yblinde@triadprimary.com