CLOVIS UNIFIED SCHOOL DISTRICT
CLOVIS NORTH EDUCATIONAL CENTER
CLOVIS NORTH HIGH SCHOOL
2770 E INTERNATIONAL AVENUE
FRESNO, CA 93730
CyndiMassa@cusd.com
559-327-5013 / Fax 559-327-5098

CONSENT FOR RELEASE OF SCHOOL RECORDS

The following student has enrolled at Clovis North Educational Center which encompasses Granite Ridge Intermediate and Clovis North High School in the Clovis Unified School District

Date: _____

Student Name: _____

Birthdate: _____ Current Grade: _____

__X___ Please send or fax the cumulative records to include: student profile, complete transcript, including grades earned to date of withdrawal, health and immunization records, special education records (current IEP, SST, 504, etc), standardized test results, psychological evaluation reports, attendance records, discipline records.

__X__ Please email or mail OFFICIAL transcript with grading system

__X__ Other: _____

PREVIOUS SCHOOL:

School Name: _____

City, State:_____

Country (if coming from outside the US)_____

Phone: _____ Fax: _____

If entering 9th grades (Fall enrollment only), please provide the name of the school your student WOULD HAVE been attending:

Name: _____

Phone: _____ Fax: _____

_____ _____
Signature of Parent/Guardian Cyndi Massa, Registrar

According to the final regulations of the Family Educational Rights and Privacy Act (Buckley Amendment 99:3 1) dated June 17, 1976, it is no longer necessary to obtain written consent of parents to release records.

FOR OFFICE USE ONLY:
Date of Request – 1st Request:_____2nd Request:_____

Request Via Email: _____

Additional Notes: _____