

Date Faxed/Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Monhegan School**  
P.O. Box 8  
Monhegan, Maine 04852

SCHOOL REQUEST FOR RECORDS

I, \_\_\_\_\_, the parent/legal guardian of the child/children listed below hereby authorize and request that:

School/Agency/Professional: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

release records pertaining to student(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to the Monhegan School.

These records should include all cumulative folders and special education folder information: i.e. psychological, social, educational, medical, and psychiatric evaluations, reports, etc.

Parent/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act (FERPA) are:

1. Notification of the transfer.
2. If desired, a copy of records may be obtained with cost of copying and necessary postage provided by the parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records be provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_