

DOROTHY HAMM MIDDLE SCHOOL

ARLINGTON PUBLIC SCHOOLS
4100 Vacation Lane
Arlington VA, 22207

RELEASE OF RECORDS

I hereby give permission and request:

School Name: _____

Address: _____		City: _____
State: _____	Zip: _____	Phone: _____

To release the school records for:

_____	_____
Name of Student (Please Print)	DOB

The above-named student has registered at Dorothy Hamm Middle School. Enrolled in the grade _____.

Records can be sent to school registrar: Sonia Argenal

Email is preferred sonia.argenal@apsva.us

Mailed to 4100 Vacation Lane Arlington VA, 22207

Direct Line: 703-228-2923 Fax: 703-558-0317

PLEASE SEND IN THE FOLLOWING:

- Transcript of grades and credits Standardized test scores (school and state)
- Gifted / Talented records Discipline records
- Attendance report Advanced Placement Recommendations
- All records relating to the identification, eligibility and/or placement of a student in a special program and or related services. (current IEP, 504 accommodations, or any related testing services)

Other: _____

AUTHORIZATION TO ARLINGTON PUBLIC SCHOOLS EXPIRES ONE YEAR FROM THE DATE OF SIGNATURE UNLESS OTHERWISE SPECIFIED

_____	_____
Signature	Date Signed

_____	_____
Relationship to Student	Signature of Registrar

Note: All materials received become part of the student's Education Record which may be inspected by the parent, legal guardian, or legally authorized representative.