

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

Records can be sent to school registrar:

Carla Bran

Direct Line: 703-228-2923 | carla.bran@apsva.us | 4100 Vacation Lane Arlington VA, 22207

Signature of Registrar Carla Bran

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

Relationship to Student

Date Signed