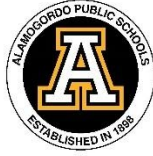


# Alamogordo Public Schools



## REQUEST FOR RECORDS

TO: \_\_\_\_\_  
*(Last District Attended)* \_\_\_\_\_  
*(School Year attended)*

Student Name	DOB	GRADE	School Name

As the parent/guardian, I authorize the release of my student's records to Alamogordo Public Schools.

\_\_\_\_\_  
*(Parent/Guardian Signature)* \_\_\_\_\_  
*(Date)*

**For APS Internal Use:**

FROM: \_\_\_\_\_  
*(Requesting School)*

Requester's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_