



LAS CRUCES PUBLIC SCHOOLS
 505 SOUTH MAIN, SUITE 400
 LORETTO TOWN CENTER
 LAS CRUCES LAS CRUCES, NM 88001
 PUBLIC SCHOOLS

**TO BE COMPLETED BY
 OFFICE PERSONNEL ONLY**
 The below-mentioned records
 were released to person(s)
 indicated above on

Date:

Released by:

PHONE 575-527-5820

FAX 575-527-6625

This form is provided to comply with the U.S. Family Education Rights and Privacy Act (FERPA),
 regarding the release of student
 records. A summary of FERPA is available from the school principal.

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

To the school Officials:

You are authorized to release school records requested for the student name below:

STUDENT First Name Middle Name Last Name (Maiden Name) Date Of Birth
School Last Attended _____ Year Attended _____

Did You Graduate? YES NO

- All Available Records
- Date of Enrollment or Withdrawal
- Transcripts
- Test Records
(Does not include SAT/ACT records)
- Immunizations
- Motor Vehicle Department
- Housing
- Other _____

To be released to:

I will pick up

I give permission for _____ to pick up my records

Send records to: _____
 (please provide address or fax)

PICTURE I.D. IS REQUIRED TO OBTAIN RECORDS

 Date of request

 Phone Number

 Signature of Requestor

- Parent Guardian(Provide legal documentation) Self(18 or older)