



To:

_____ (Name of Previous School)

_____ (Address of School)

_____ (Phone Number or FAX)

We have recently enrolled the following student in Denison Middle School, Denison, IA.

_____ (Student Name)

_____ (DOB) _____ (Grade)

has enrolled in Denison Middle School on: _____.

Please FAX immunization records as soon as possible.

At your earliest convenience, please send all pertinent school records to include:

- Permanent records, grades earned.
- Grades to date at time of withdrawal.
- Health and immunization records.
- Standardized test records and dates.
- Special education information and/or psychological testing, if any.
- Others _____

Thank you for your time and cooperation.

I hereby grant permission to send the above mentioned records to :

Denison Middle School
1201 Monarch Drive
Denison, IA 51442.

Signature

Relationship to Student

Date