

****Please do not mail cumulative files to us****

AUTHORIZATION FOR RELEASE OF RECORDS

MELBOURNE HIGH SCHOOL – GUIDANCE DEPARTMENT

74 Bulldog Blvd.

Melbourne, FL 32901

Phone: 321-952-5880

Fax: 321-877-0962

Maria Lalonde / Registrar Ext. 24532

Lalonde.maria@brevardschools.org



Name and location of previous school

To: _____

Fax# _____

Phone # _____

Attn: _____

Email _____

1st Request _____

2nd Request _____

3rd Request _____

Student Full Name: _____ **D.O.B.** _____

Student Number: _____ **Grade:** _____

The above student is attempting to enroll in Melbourne High School.

Please help by forwarding the following information as soon as possible. Thank you!

___ Official Transcript / Withdrawal date and grades

___ Test Scores

___ Attendance Records

___ Discipline Records

___ Birth Certificate

___ Immunization / Health Record

IF APPLICABLE:

___ Individual Education Plan (IEP)

___ 504 Plan

___ Gifted Audit

___ ESOL Records

___ BPS Records



Parent / Guardian Name: _____

Parent / Guardian Phone #: _____

Parent / Guardian Email: _____

Residential Address: _____

Parent Signature: _____ **Registrar:** Maria Lalonde **Date:** _____