



SATELLITE HIGH SCHOOL

REQUEST & AUTHORIZATION TO RELEASE SCHOOL RECORDS

DATE: _____

PRIOR SCHOOL NAME: _____

PRIOR SCHOOL ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

This is to request the release of school records for the student/students listed below enrolling at this school.

STUDENT NAME: _____ YEAR ENTERED 9th GRADE: _____

STUDENT NAME: _____ YEAR ENTERED 9th GRADE: _____

STUDENT NAME: _____ YEAR ENTERED 9th GRADE: _____

RECORDS TO BE RELEASED:

_____ Cumulative school record (Brevard County only)

_____ Academic records including EOC exam results, ACT/SAT, Transcripts, test scores including high school grades earned in middle school.

_____ Any ESE information 504/IEP/Psychological records

_____ Withdrawal grades/most recent report card

_____ Health record (Immunizations, physical, birth certificate)

_____ Discipline records

SEND RECORDS TO: SATELLITE HIGH SCHOOL

300 SCORPION COURT

SATELLITE BEACH, FL 32937

PHONE: 321-779-2000 EXT. 26505

FAX: 321-735-9736

EMAIL: KEYES.LISA@BREVARDSCHOOLS.ORG (REGISTRAR)

PARENT SIGNATURE: _____

REGISTRAR-SATELLITE HIGH SCHOOL: _____