



# TIMBERLINE MIDDLE SCHOOL

500 West Canyon Crest

Alpine UT 84004

Counseling 801-763-7046

Fax 801-763-7045

## REQUEST FOR STUDENT RECORDS

Date: \_\_\_\_\_ Date: \_\_\_\_\_  
1<sup>st</sup> request 2<sup>nd</sup> request

Name and Address of Previous School:

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Phone: \_\_\_\_\_

As a parent of the above student I give consent to you to furnish Timberline Middle School the information listed below.

Please send:

**Transcripts**  
**Cumulative**  
**Health Records**  
**Test Data**  
**Grades**  
**Psychological Test**  
**IEP**  
**Special Placement**  
**SEOP or Career File**

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

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Signature of Parent/ Guardian