



**BURLINGTON COMMUNITY SCHOOL DISTRICT**  
**1429 WEST AVENUE, BURLINGTON, IA 52601**  
**PHONE: 319-753-6791                      FAX: 319-753-6796**

**REQUEST FOR RELEASE OF STUDENT RECORDS**

PLEASE SELECT SCHOOL (circle one):

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

**Burlington Community High School**  
 421 Terrace Drive  
 Phone: 319-753-2211  
 Fax: 319-753-6634

**Aldo Leopold Intermediate School**  
 3075 Sunnyside Avenue  
 Phone: 319-752-8390  
 Fax: 319-752-8447

**Edward Stone Middle School**  
 3000 Mason Road  
 Phone: 319-752-4393  
 Fax: 319-752-7437

**Black Hawk Elementary School**  
 2804 S 14th Street  
 Phone: 319-753-5300  
 Fax: 319-753-5097

**Grimes Elementary School**  
 800 South Street  
 Phone: 319-753-0420  
 Fax: 319-753-6039

**Corse Early Childhood Center**  
 700 S. Starr Ave.  
 Phone: 319-753-2707  
 Fax: 319-753-9862

**North Hill Elementary**  
 825 North 9th Street  
 Phone: 319-753-6363  
 Fax: 319-753-6901

**Sunnyside Elementary**  
 2040 Sunnyside Avenue  
 Phone: 319-753-5244  
 Fax: 319-753-1856

**VIBE Virtual Learning Program**  
 2132 Madison Ave.  
 Phone: 319-753-6253

<b>Requesting Records From:</b>		
School Name _____		
Mailing Address and/or Fax Number _____		
City _____	State _____	Zip Code _____

Name of Parent/Guardian _____		Relationship to student _____
Address, City, State, Zip _____		Phone _____
<b>For the following students:</b>		
Name _____	Grade _____	DOB _____
Name _____	Grade _____	DOB _____
Name _____	Grade _____	DOB _____
Name _____	Grade _____	DOB _____
Signature of Adult Enrolling Student(s) _____		Date _____

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Records / Grades                               | <input type="checkbox"/> Attendance Records       |
| <input type="checkbox"/> Health records(physical, immunizations, vision/hearing) | <input type="checkbox"/> Standardized achievement |
| <input type="checkbox"/> Special Education referrals and reports                 |   |
| <input type="checkbox"/> Psychological referrals and evaluations                 |   |
| <input type="checkbox"/> Speech Therapy referrals and reports                    |   |
| <input type="checkbox"/> Remedial Reading and/or Math referrals and reports      |   |
| <input type="checkbox"/> Remedial Language Arts referrals and reports            |   |

**NOTE: The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose records, without consent, to other schools to which a student is transferring. Parents have the right to inspect any and all official records directly relating to their child.**