



FOX HOLLOW ELEMENTARY RELEASE OF RECORDS

Dear Parents & Students,:

Welcome to Fox Hollow Elementary School. We believe you have chosen an excellent school for your child to attend.

We ask that you give us one day lead time to prepare for your student's first day of school. This allows the teacher time to prepare a desk and gather materials. This also allows us time to call the previous school if this is necessary.

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR CHILD/CHILDREN:

Name: _____ Birth date: _____ Grade: _____

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I authorize the release of the following information for the student/s listed above:

Cumulative Records
Special Education Records
Achievement Records
Psychological-Educational Evaluation Records
Other: _____

School Health Records
Medical Records
Speech Therapy Records

I understand that the information will be treated in a confidential manner.

Signature: _____

parent guardian Other

Complete name & address of School releasing information:

Send records to:

Fox Hollow Elementary
1450 W 3200 N
Lehi, UT 84043
Telephone: (801) 610-8706
Fax: (801) 768-2742

Tel: _____

Fax: _____