

**FLIPPIN SCHOOL DISTRICT
210 ALFORD STREET
FLIPPIN, AR 72634**

AUTHORIZATION TO RELEASE PUPIL INFORMATION (RECORD REQUEST)

Date of Request: _____

School Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Fax Number: _____

Name of Student: _____ Current Grade: _____

The above student has enrolled at Flippin Public Schools. Please send the following records.

- Birth Certificate
- Social Security Number
- Immunization Records
- Grades
- Test Scores
- Discipline Records
- Attendance Records
- IEP Paperwork
- 504 Paperwork
- Smart Core Form
- Dyslexia Testing

Please send this information to:

**Flippin, AR 72634
Angie Nix
103 Alford Street
Flippin, AR 72634
Phone: (870) 453-2233
Fax: (870) 453-7380**

Legislation permits schools to request records of students without the parent's signature.

Signature of Parent/Legal Guardian

Administrator Signature