



Official Records Request Form for Parents/Students

Use this form to request a copy of student records and documents from the student cumulative file. Complete and submit this form to your school records clerk. If only transcripts are needed, the transcript may be requested via Parchment.com. Only parents, guardians, and students age 18 and older may request the release of copies of student records. Copies of student records may only be released to someone with authorization in the student's Connexus account. Students age 18 and older must request their own records. To release student records to outside/third parties, please use the Educational Records Disclosure Form.

Requestor Information

| | | | | |
|---|-------------|--------------|----------|--|
| Last Name | First Name | Middle Name | County | |
| Street Address () | City () | State | ZIP Code | |
| Home Phone | Work Phone | Mobile Phone | | |
| Is the student the requestor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please fill out the student information below. | | | | |

| | | | | |
|---------------------|----------------------|-----------------------|--------------------------------------|--|
| Student's Last Name | Student's First Name | Student's Middle Name | Relationship of requestor to student | |
|---------------------|----------------------|-----------------------|--------------------------------------|--|

Records Destinations

| | |
|------------------------------|--------------------------|
| Destination : Name of Person | County |
| Street Address | City |
| State | ZIP Code |
| Send via email? | Send to the attention of |
| Email address | |

Description of records requested

Description of records requested (con.)

Parent/Guardian Approval for Minor Students

By signing below, I give permission for California Connections Academy to send copies of the student records for a minor student (under 18).

| | | |
|----------------------|---------------------------|------|
| Parent/Guardian Name | Parent/Guardian Signature | Date |
|----------------------|---------------------------|------|

Student Approval for Students (18 years of age or older)

By signing below, I give permission for California Connections Academy to send copies of my student records to the above location.