



SOUTH CITY COMMUNITY SCHOOL

Student Records Release Request

Please complete this form to authorize your student's former school to release school records to the South City Community School Admissions Office.

Former School Name: _____

Former School Address: _____

Former Email Address: _____

Former Phone/Fax Number: _____

This is to authorize the release of school records for the student listed below to South City Community School. Student records should include, but are not limited to: immunization records, current academic information, educational or support plans such as an IEP or IFSP, a school transcript and/or report card, academic achievement test results, social/case history, occupational and/or physical therapy and psycho-educational test results.

(Last Name) (First Name) (Middle Initial) / / _____
(Birthdate) (Last four digits of SSN)

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Please send any and all documents to:

South City Community School
Attn: Admissions Office
4926 Reber Place
Saint Louis, MO 63139
admissions@sccommunityschool.org