



Forest Lake
EDUCATION CENTER

New Student Records Release Form

Authorization for release of student records for:

Student's Name: _____

Previous School: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Please send records to: **Forest Lake Education Center**
Attn: Registrar
1275 Learning Loop
Longwood, FL 32779
407-862-7688 (Office)
407-774-7723 (FAX)

- Cumulative Records
- Grades
- Test Results (mental ability, reading, achievement, etc.)
- Individual Education Programs/Psychological Reports
- Discipline Reports
- Medical Reports

I authorize the above-named school to release the information specified above to Forest Lake Education Center – Registrar.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name