

Release of Student Assessment Results

STUDENT INFORMATION – 1 per request

In order to process your request for results, our office needs the following release completed, signed and returned to us at the address below. We will process your request upon receipt of the release and the information is available.

Pursuant to the Family Education Rights and Privacy Act of 1974, which required consent for the release of information outside the school, I hereby give consent for the release of the educational records of:

Student's Legal Name	Date of Birth	Student ID	SLCSD School last attended/Date
_____	_____	_____	_____

RELEASE INSTRUCTIONS

This consent of the information to be released is limited to identifying information (such as student name, student number) and test results.

Name of Individual	Street Address
_____	_____
City, State, ZIP Code	Phone
_____	_____

- Will pick up in person
- Please mail FAX _____
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TEST RESULT OPTIONS

- End of Level SAGE LA and Math (3), LA, Math, Science (4-12 grade)
- End of Level District Assessment, LA and Math (1-2 grade)
- Fall – Spring Kindergarten Assessment, LA and Math
- DIBELS (K-6)
- WIDA (K-12 grade)
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SIGNATURE OF PARENT OR LEGAL GUARDIAN

Signature of parent or guardian

Date

Assessment Department
440 E 100 S
Salt Lake City, UT 84111
Fax: 801.578.8681

August 10, 2016