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
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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
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City, State, ZIP Code | Phone
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☐ Will pick up in person
☐ Please mail ☐ FAX

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)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Signature of parent or guardian | Date
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Assessment Department
440 E 100 S
Salt Lake City, UT 84111
Fax: 801.578.8681 | August 10, 2016