



**Out-of-District  
Student Records Request**

Print Form

Request Date \_\_\_\_\_

TO THE REGISTRAR OF:

PLEASE SEND RECORDS TO:

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact E-mail: \_\_\_\_\_

School: Trailside Elementary  
Address: 5151 Abbott Rd.  
City, State Zip: Anchorage, AK 99507  
Contact Phone: 907 742-5500  
Fax Number: 907 742-5511  
Contact E-mail: donaldson\_karen@asdk12.org

STUDENT NAME(S)	ASD STUDENT ID#	BIRTH DATE(S)	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please forward the following information:*

- Complete Transcript/Grades to Date
- Attendance
- Test History
- Health/Immunizations
- Behavior
- Special Education
- Migrant Education Information
- English Language Learner

Signature of School Official Requesting Records: Karen S. Donaldson

Printed Name of School Official: Karen Donaldson

Position Title: Secretary

*We agree to observe appropriate confidentiality on all material.*

Only send COPIES in response to this request. Do not send the original CUM files or records. We do not retain original records and cannot be responsible for them.