

Records Request, CRMS

Camden Rockport Middle School 207-236-7805 Fax: 207-236-7815
34 Knowlton St.
Camden, ME 04843

Date of Request: _____

TO WHOM IT MAY CONCERN AT:

(Name and address of school student is transferring from)

Telephone # _____
Fax # _____

The student(s) listed below recently registered at our school. Please send us all available records as indicated below. If records are housed in different locations (e.g. Special Education office, School Health office) please forward this request to them as well. Thank you for your prompt assistance.

The following records are requested:

- MEDMS State I.D. number _____
- All appropriate educational records (transcript of grades, standardized test results, counseling records, attendance, copy of birth certificate, etc.)
- Special Education Records (PET minutes, Individual Educational Plan (IEP), 504 Plan, evaluations, educational, psychological, speech/language, hearing, social work assessments, occupational/physical therapy, S.A.T. recommendations etc.)
- Health Records (including immunization records)
- Disciplinary Records (including suspension/expulsion information)

Send Records to:

Camden Rockport Middle School
34 Knowlton Street
Camden, ME. 04843

Signature of Parent/Guardian

Student(s)	Grade	Last Day of Attendance
_____	_____	_____
_____	_____	_____

Parent/Guardian Name(s)	Address(s)
_____	_____
_____	_____