



**MOUNTAIN RIDGE JR. HIGH SCHOOL**

5525 West 10400 North

Highland, UT 84003

Phone: (801) 610-8759 Fax: (801) 763-7017

To: \_\_\_\_\_ Phone \_\_\_\_\_  
Name of former school

\_\_\_\_\_ FAX \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Pursuant to the Family Education Rights and Privacy Act of 1974, which requires consent for the release of information outside the school, I hereby give consent to you to furnish Mountain Ridge Junior High School the information listed below.

\_\_\_\_\_ Name Current grade Birth date

- Please send:
- Cumulative records
- Health Forms
- Test Data
- Grades
- Psychological Tests
- Special Placement

***Please send transcripts.***

Please send any **IEP or 504** records, if applicable

SEOP or Career File

Please send records to: **Mountain Ridge Junior High School**  
**5525 West 10400 North**  
**Highland, UT 84003**

Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Registrar: \_\_\_\_\_

Note: Access to records without written parental consent is authorized by the reorganized Ed. Code, operative 4/30/77, Ed. Code #10947

First request sent \_\_\_\_\_ Second request \_\_\_\_\_