



# TIMBERLINE MIDDLE SCHOOL

500 West Canyon Crest Road

Alpine, UT 84004

Counseling 801-610-8762

Fax 801-763-7045

Name and Address of Previous School:

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

As a parent of the above student I give consent to you to furnish  
Timberline Middle School the information listed below.

Please send:

**Transcripts**

**Cumulative**

**Health Records**

**Test Data**

**Grades**

**Psychological Testing**

**IEP**

**Special Education Records**

**Special Placement**

**SEOP or Career File**

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Office Use Only

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_