



FORT WAYNE COMMUNITY SCHOOLS
1200 South Clinton Street • Fort Wayne, IN 46802
Out of District Assignment Application Request for Records

PREVIOUS SCHOOL: _____ DATE: _____

STUDENT: _____ GRADE: _____ DOB: _____

The undersigned hereby authorizes the Principal/Registrar to release, send certify, and make available to **Fort Wayne Community Schools** the following information:

- _____ Discipline records for the last 12 months.
- _____ Please indicate if student is currently suspended or under expulsion proceedings.

Please mail/fax records to: **Fort Wayne Community Schools**
1200 S Clinton St.
Fort Wayne, IN 46802

Attn: Student & Family Support Services
Phone: 260-467-2120
Fax: 260-467-1974

PARENT/GUARDIAN SIGNATURE DATE

SCHOOL OFFICIAL SIGNATURE DATE

Thank you for your cooperation and timely response.