

# REQUEST FOR STUDENT RECORDS

School Record Information Requested From:	<b><i>SEND SCHOOL RECORDS TO:</i></b>

Please send all student record information and health records for the following student(s) now enrolled in the school listed on the upper right. This should also include withdrawal grades. If applicable, please send any confidential psychological, testing, special education, or guidance records which may exist for the student(s) listed below.

**Student Name**

**Grade Completed**

**Date of Birth**

\_\_\_\_\_  
 Last                      First                      Middle Initial

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Last                      First                      Middle Initial

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Last                      First                      Middle Initial

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Last                      First                      Middle Initial

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date