



Request for Records

STUDENT INFORMATION

DATE OF REQUEST

FIRST NAME

MIDDLE NAME

LAST NAME

HOME ADDRESS

DATE OF BIRTH

GRADE COMPLETED

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME

RELATIONSHIP TO CHILD

EMAIL ADDRESS

PHONE

TRANSFER SCHOOL INFORMATION

PREVIOUS SCHOOL ATTENDED

CITY/STATE

I give permission for my child's confidential records, including but not limited to: report cards, state test information, birth certificate, baptismal certificate and health records, to be released for the child listed above.

PARENT/GUARDIAN SIGNATURE

TODAY'S DATE