

STUDENT RECORD REQUEST FORM

Date: _____

To: _____
School

Address

City State Zip

The following student has enrolled in our school. Please send us a complete transcript, withdrawal grades, standardized test scores, vaccination/health data, and any testing or Individualized Education Plans (IEP).

Student Name

Grade

Date of Birth

Thank you for your prompt attention to this matter. If permanent records have been forwarded to another school, please call us with the new school name, or forward this request to the appropriate school.

Principal

Send To: SCHOOL PRINCIPAL

School: _____

Address: _____

Phone/Fax: _____