



Records Request

I, _____ request the following records:
(Parent/Student Name)

Student Name: _____ Date of Birth: _____

Grade: _____ Number of records requested: _____

- | | |
|--|--|
| <input type="checkbox"/> Transcript/Credit Hours | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Report Cards | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Test Scores | <input type="checkbox"/> Discipline Record |
| <input type="checkbox"/> Immunization Form 3231 | <input type="checkbox"/> Attendance Record |

*Please allow 1 week for processing. Records will include up through the most recently completed quarter. Records requested by the parent/guardian will have a \$5 fee per record.

(Signature of Parent/ Student)

(Date)