

Guardian Request for Student Records

Guardian/Former Student Requesting Records: _____

Reason for Request: _____

Student Name: _____

Grade: _____ Birth Date: _____

The following records are hereby requested:

_____ Transcript/Report Card, Please Specify Graduation Year _____

_____ Attendance Records Other: _____

_____ Discipline Records _____

_____ Immunization Records _____

_____ IEP - Individual Education Plan (if applicable)

_____ 504 Plan (if applicable)

_____ Proof of Attendance/IRS Letter, Please Specify Tax Year _____

Signature of Requestor:

Signature

Date

Please call this number when records are ready for pickup: _____

Please fax records to another school: _____

Please mail records to my home address: _____

Must Verify guardian's photo ID

Records requests may take up to five business days to be filled.

Verified ID Front Office Initials _____ Date Received by Front Office: _____

Date Received by Registration: _____