



“Put on the whole armor of God.”

- Ephesians 6:11

Student Records Request

School: _____

School’s address: _____

School’s phone #: _____ School’s fax #: _____

Student’s Full Name Birth Date Grade

Student’s Full Name Birth Date Grade

Student’s Full Name Birth Date Grade

Please forward all official school records pertaining to the above student/s, including:

- A. All subjects and grades for the current school year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- B. Records of disciplinary actions and attendance records
- C. Standardized test records and scores
- D. Immunization and health records, including birth certificate
- E. Psychological, physiological reports
- F. Any other data pertinent to understanding the student’s individual needs

Your cooperation is greatly appreciated.

Sincerely,

Signature Title Date

Parental Authorization to Release Records: _____
Signature of Parent or Legal Guardian Date