



# REQUEST FOR EDUCATIONAL RECORDS

School Requesting Records:

Address:

Phone #/ Fax #:

Date:

To: \_\_\_\_\_  
 School Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip

We have just enrolled the following child/children in our school. Please send records, including medical, social, psychological and any other reports that would assist us in placing and evaluating this student.

These reports should be forward to the above address.

Student Legal Name (last, First)	Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

Parent/Guardian Name Signature Date