

# REQUEST FOR STUDENT RECORDS

Date \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FROM: \_\_\_\_\_

Principal

\_\_\_\_\_

Requesting School

\_\_\_\_\_

Address

\_\_\_\_\_

City

Zip

Please send academic records and test scores for the following children who have enrolled at our school:

STUDENT'S NAME	BIRTHDATE	ENROLLED IN GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

## TO PARENT:

We have requested the above named school to send us the permanent record of

\_\_\_\_\_ This is to notify you of your right to receive a copy of  
Name of student

the record and a right to a hearing to challenge the contents. Please contact the Conference Superintendent of Schools for instruction as to procedures to be followed if you wish to exercise your rights in relation to the above action.