

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.