



REQUEST FOR STUDENT RECORDS

STUDENT			
NAME OF STUDENT		DATE OF BIRTH (DAY-MONTH-YEAR)	
ADDRESS		POSTAL CODE	
TELEPHONE (DAYTIME)		E-MAIL	
NAME OF FATHER / MOTHER / GUARDIAN			
CONSENT			
SIGNATURE OF STUDENT OR AUTHORIZED PERSON		DATE (DAY-MONTH-YEAR)	
NAME OF SCHOOL ATTENDED			
NAME OF SCHOOL			
LAST LEVEL COMPLETED / LAST YEAR ATTENDED			
APPLICANT (IF OTHER THAN THE STUDENT)			
NAME OF THE APPLICANT			
ADDRESS			
TELEPHONE (DAYTIME)		E-MAIL	
RELATIONSHIP TO THE STUDENT:	<input type="radio"/> GRANDPARENT	<input type="radio"/> MOTHER/FATHER	<input type="radio"/> BROTHER/SISTER
DOCUMENT(S) REQUESTED			
<input type="radio"/> ATTESTATION OF STUDIES	<input type="radio"/> REPORT CARD	<input type="radio"/> COMPLETE STUDENT FILE	
<input type="radio"/> INDIVIDUAL EDUCATION PLAN (IEP)	<input type="radio"/> ACHIEVEMENT RECORD	<input type="radio"/> OTHER: _____	
RESERVED SPACE FOR ARCHIVES			
DATE DOCUMENTS REGISTERED		DATE DOCUMENT SENT	
<input type="radio"/> \$10 FEE	<input type="radio"/> I.D. CARD SHOWN	<input type="radio"/> ACCESS	<input type="radio"/> IN PERSON
<input type="radio"/> SENT BY MAIL	<input type="radio"/> SENT BY E-MAIL	<input type="radio"/> BY FAX	