



REQUEST FOR STUDENT RECORDS

CHILD'S NAME: _____ TEACHER'S NAME: _____

PLEASE CHECK RECORD(S) NEEDED and write grade level if necessary:

_____ Evidence of Birth (Birth Certificate, Passport, Green Card, etc.)

_____ GA Form 3231 (Immunization Record)

_____ GA Form 3300 (Vision, Hearing, Dental Record)

_____ Social Security Card

_____ Report Card write grade level(s)

_____ Test Scores write which test is needed (GA Milestone, MAP, ACCESS, CogAT, etc.) and grade level _____

Other, please write details of what is needed:

PARENT/GUARDIAN SIGNATURE: _____

PHONE NUMBER: _____ EMAIL: _____

DATE: _____

YOU WILL BE NOTIFIED WHEN READY FOR PICK UP. PLEASE ALLOW AT LEAST THREE DAYS FOR PROCESSING. THANK YOU!