

PARENT / GUARDIAN REQUEST FOR CUMULATIVE RECORDS

Please forward the following records for:

Name of Student	Grade	Date of Birth

I am requesting:

Please send these records by the following method:

- Fax #: _____
- Leave in Front Office for PickUp
- Send home with student: _____

Printed name of person requesting records

I am the: Parent Guardian

Signature of Parent or Guardian

Today's Date