

## REQUEST FOR STUDENT RECORDS

To:

Last school attended \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone / Fax \_\_\_\_\_

The following student(s) have enrolled at Kaysville Elementary School.

Please send all permanent records, health records, resource records and any other relevant information.

If any of these students have an IEP or 504 plan, please fax a copy ASAP to us at 801-402-3401.

Student Name	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your help and prompt attention to this request.

Kaysville Elementary

Meggan Nichols, Principal