



## REQUEST FOR STUDENT RECORDS

STUDENT'S NAME: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PLEASE CHECK RECORD(S) NEEDED and specify grade level if applicable:

\_\_\_\_\_ **Birth Certificate**

\_\_\_\_\_ **Social Security Card**

\_\_\_\_\_ **GA Form 3231**  
Immunization Record

\_\_\_\_\_ **GA Form 3300**  
Eye, Ear, Dental Report

\_\_\_\_\_ **Report Card**  
Specify grade level(s)

\_\_\_\_\_ **Test Score Specify test needed**  
(CRCT, ITBS, etc...) and grade level

\_\_\_\_\_

\_\_\_\_\_

**Other**, please specify below:

\_\_\_\_\_

\_\_\_\_\_

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COST: \$0.20 PER PAGE

PARENT SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

YOU WILL BE NOTIFIED WHEN RECORDS ARE READY FOR PICK-UP. PLEASE ALLOW 48 HRS FOR REQUEST TO BE PROCESSED.