



## Request for Student Records

Date: \_\_\_\_\_

Permission is hereby granted to (Previous school):

Name of School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

### Student Information

Legal Name : Last: \_\_\_\_\_

First \_\_\_\_\_

Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

### The following records are hereby requested:

- Official Transcript
- List of courses and grades at time of Withdrawal
- Attendance records
- IEP (Individual Education Plan) if applicable
- 504 Plan (If applicable)
- Discipline records
- All health records
- Other \_\_\_\_\_

Signature of requesting school representative:

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<b>Signature</b>	<b>Title</b>	<b>Date</b>
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Signature of Parent or Guardian:

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<b>Signature</b>	<b>Date</b>
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- Please mail to: Hebron Academy 339 Paris Rd, Hebron Maine 04238 (Attn: Lisa Dulac)
- Send electronically to : [ldulac@hebronacademy.org](mailto:ldulac@hebronacademy.org)