

Request for Student Records

Date of Request: _____

Student's Information

Legal Name:	Last	Maiden:	
	First		
	Middle		

Birth Date: _____ SS # (Last 4) _____
Grad Year: _____ Last date of attendance: _____

The following records are hereby requested:

- Transcripts
- Immunization records
- Copy of birth certificate
- List of courses and grades at time of withdrawal
- IEP (Individual Education Plan) if applicable
- 504 Plan (if applicable)
- Other _____

Records are to be sent to:

<u>Name and Address:</u>
<u>Email Address:</u>
<u>Fax Number:</u>

Signature of Student (18 or older), Parent, or Guardian:

Signature

Date

PLEASE RETURN THIS FORM TO:



Hendry County Schools / Records Dep.
P.O BOX 1980
LaBelle, FL 33975
Fax: 863-674-4103
Email: whitec@hendry-schools.net