



## Request for Student Records

***Permission is hereby granted to (Previous school)***

Name of School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

***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 \_\_\_\_\_

**Requesting School Representative**

Signature/Title \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Legal Guardian**

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

- Please mail to: Hebron Academy 339 Paris Rd, Hebron Maine 04238 (Attn: Lisa Dulac)
- Electronically delivered: [ldulac@hebronacademy.org](mailto:ldulac@hebronacademy.org)

