

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:

Name and Address:

Email Address:

Fax Number:

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