

Blackshear Elementary School

Student Records Request Form

We are happy to assist you with your request for student records.
Complete this form and turn in to the front office.
Please allow up to **three (3) business days** for processing and fulfillment of requests.

Parent/Guardian Name: _____

Student Name: _____

Grade: _____

Phone Number: _____

Email Address: _____

Records Requested

(Select all that apply.)

- ☐ Attendance Records
- ☐ Grade Reports / Report Cards
- ☐ Proof of Enrollment
- ☐ Special Education (IEP) Records
- ☐ Other (Please specify in the comments section below.)

Comments/Additional Information

Preferred Method of Delivery

- ☐ Email
- ☐ Pick Up at School

Acknowledgment

I understand that Blackshear Elementary School may require up to three (3) business days to process this request.

Parent/Guardian Signature: _____ Date: _____