



Fulfillment of Student Records Request

Date of Request: _____

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ P/G Phone: _____

Parent/Guardian Address: _____

Student Address if over 18: _____

Current or Last School of Attendance: _____

Records provided from [insert first date of record] to [insert last date].

Records made available to parent on [insert date].

Parent signature: _____ Date: _____

This request was processed by _____ on _____.
Employee Name Date

Place in Student Cumulative File