



**Request of Records Form**

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

To: Guidance Department

School: \_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Please send the following records for the abovementioned student.

- Attendance
- Discipline
- Standardized Test Scores (CRCT, EOCT, PSAT, SAT, ACT)
- IEP, SST, ESOL, Gifted records of service
- Withdrawal Grades
- Transcript
- Copy of Social Security Card and Birth Certificate

Please mail records to the address below or fax to 770.631.3860.

Thank you,

\_\_\_\_\_  
Signature of Parent or Guardian

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