



## **REQUEST FOR RECORDS**

**DATE OF REQUEST:** \_\_\_\_\_

**NAME OF STUDENT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above mentioned student is attending The Millhopper Montessori School. Please forward a copy of all educational and Immunization records to our school as soon as possible.

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Records, Federal Register. June 17, 1976, No. 118, Page 24763).

Thank you for your assistance.

Sincerely,

Amilda A. Clark  
Administrator/Director of Admissions