

REQUEST FOR RECORDS

TO: _____ Student: _____
_____ Date of Birth: _____
_____ Student #2: _____
_____ Date of Birth: _____

I hereby give permission to request my son's/daughter's records from you:

Parent/Guardian Signature Date

The above named student is enrolling in the Celina City Schools. Please assist us by forwarding this student's records or information as noted below:

- Official
- Attendance records
- Withdrawal grades
- Current I.E.P.
- Health & immunization records
- Discipline records
- Psychological records
- Intervention/Classroom Modifications

Respectfully,

Building Principal

FORWARD RECORDS TO:
East Elementary School
Records
615 E. Wayne Street
Celina, OH 45822-1599
FAX: (419) 584-0215

Date Request Sent _____