Request for Records and Exchange of Information

Last school student attended:	
Address of previous school:	

We are requesting the academic records for the student named below who was enrolled at your school:

Student Name	
Date of Birth	

Please include the following:

	Transcript indicating the course(s) taken, code numbers, final grades and credits earned
	Report Card for Grade 9th 10th 11th 12th
	IEP
	Psychological Evaluation
	Results of Standardized Testing
	Incident Reports
	Other:

I _____ parent/guardian of _____ authorize
Parent/Guardian Name Student Name

_____ to release these Records to Schoolhouse Preparatory.
School Name

_____ _____
Parent/Legal Guardian Signature Date

Forms may be sent by fax, mail, or email to:	Mrs. Cynthia Vega-Martine Schoolhouse Preparatory 3800 SW 108 Avenue Miami, Fl. 33156 Phone (305)552-1200 Fax: (305)552-1211 Email: vega.schoolhouseprep@gmail.com