



# REQUEST FOR RECORDS

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

I hereby authorize the following person/school/agency:

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

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

**Fax Number:** \_\_\_\_\_

To release the information below on:

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**NC WISE Pupil Number:** \_\_\_\_\_

To the following person/school/agency:

**Socrates Academy  
3909 Weddington Road  
Matthews, NC 28105**

**The above named student has enrolled in our school and has informed us that your school is his/her last attended school. We need the following information as soon as possible to place the student in the proper class:**

- Birth Certificate
- Health and immunization records
- All report cards (including current report card and grades at time of withdrawal)
- All Standardized Test scores
- Discipline and attendance records
- Exceptional Children's records (IEP, 504, PEP, psychological tests)
- Other (specify) \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Relationship to student)