



REQUEST FOR RECORDS

Date: _____

I hereby authorize the following person/school/agency:

School Name: _____

Address: _____

Fax Number: _____

To release the information below on:

Student's Name: _____

Date of Birth: _____

ID Number: _____

Current Grade Level: _____

To the following person/school/agency:

Socrates Academy
3909 Weddington Road
Matthews, NC 28105
gkastanas@socratesacademy.us

The above named student has enrolled in our school in the _____ grade 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)