



ACCESS SCHOOL REQUEST FOR RECORDS

PARENTS:

It is important to have this form completed properly.

We especially need an email to request the records, since we no longer use a fax.

DATE _____

NAME OF PARENT / PRINT _____

NAME OF PARENT / SIGNATURE _____

NAME OF PREVIOUS SCHOOL: _____

KEY CONTACT FOR RECORDS: _____

EMAIL OF KEY CONTACT: _____

TEL# OF KEY CONTACT: _____

ADDRESS OF SCHOOL: _____

SCHOOL GENERAL TEL# _____

STUDENT INFORMATION

NAME OF STUDENT: _____

DATE OF BIRTH: _____

LAST ATTENDED GRADE: _____

CURRENT SCHOOL INSTRUCTIONS

SEND PREFERABLY BY PDF EMAIL: Admin@AccessSchool.net

OR BY MAIL:

4801 S. UNIVERSITY, SUITE #114
DAVIE FL 33328
(954-680-9494)