

WITHDRAWAL/REQUEST OF RECORDS

(This form may be submitted by the parent with permission from Family Tree Private School)



Family Tree Private School

Date: _____

TO: Registrar/Records Office
SUBJECT: Request and Authorization of Release of Student Records

Name and address of prior school attended: _____

Address

FAX: _____

The following student(s) has/have enrolled in our school:
Student(s) Name:

Grade at Prior School
& Last year attended there

_____ ID/SS# _____ Grade: ___ Yr: ___

_____ ID/SS# _____ Grade: ___ Yr: ___

_____ ID/SS# _____ Grade: ___ Yr: ___

We are requesting that the following records to be released to us: Cumulative Records; Health Records; Test Scores; Psychological Records, Exceptional and Special Education Records

Please send records to:

Nancy Moral, M.Ed., Director
Family Tree Private School
791 SE Kayak St.
MAIL: PO Box 775
Lee, FL 32059
1-877-5school (877-572-4665)
Fax: 561-383-6956

Parent/legal guardian of student(s): _____

Address

Federal Law 99.21 states - "No parent signature is required for educational records sent to another educational agency."