

Student Records Request

Records Request

PLEASE TYPE OR PRINT CLEARLY.

Student Name: _____ Student ID: _____
Last First Middle (Social Security Number OR PEIMS ID)

Date of Birth: _____ Other Name(s): _____ Last Year Attended CHA: _____

Daytime Phone: (____) _____ E-Mail: _____
(In case we need to contact you)

Parent Guardian Signature: _____ Date: _____
(Required by FERPA)

Please specify the records you are requesting:

Address to send records to:

Picking up in person: Signature For receipt: _____

For faxed records, please provide the following information:

Recipient's Fax No.: _____ Attn: _____

Recipient's Phone No.: _____

For Office Use Only:

Date Request Received: _____ Staff Receiving Request: _____ Date Fulfilled: _____