





REQUEST FOR CUMULATIVE RECORD

Date	_
To (School)	
Address	
City&State	
Please send complete information and the C	umulative Record of:
Student's Name	
Date of Birth	
Please include the following:	
Transcript of courses, grades a	attendance, and test information
Medical records and immunization	ation document
Psychological, special education	on or other special reports
Withdrawal date from your sc	hool
We would appreciate receiving these record	s as soon as possible at the above address.
Sir	ncerely
Po	sition
I hereby authorize release of school records	for the student listed above:
Signature	Date
Relationship to Student	

Educating for filiality, service, humaneness, and integrity