## Schools should have forms printed on their own letterhead

## STUDENT RECORDS REQUEST (Appendix 12)

Last School Name/Address:	
Talan	hone:
STUI	DENT NAME  DOB  GRADE ENROLLING I
	e send us the following information:
	TRANSCRIPT
1.	The date of entry and withdrawal.
	<ul> <li>All subjects and grades to the date of withdrawal.</li> </ul>
	• If all grades are in numerical form, please include a grading scale and explanation of grading system
2.	PSYCHOLOGICAL AND/OR SPECIAL PLACEMENT RECORDS
	• Any psychological and/or special placement data (Exceptional Student Education Classes, Learning
	Disabilities, 504, I.D.E.A., Chapter 1, Dropout Prevention, ELL (ESOL), etc.) If records are housed elsewhere, please forward a copy of this request to the appropriate office.
3.	HEALTH RECORDS
	• 680 immunization form, physical form, medications, birth certificate
4.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	<ul> <li>Florida FCAT, FAIR, End of Course Exams (EOC), SAT, ACT, PERT</li> </ul>
5.	HIGH SCHOOL COURSE (if applicable)
6.	GRADUATION REQUIREMENTS (if applicable)
7.	DISCIPLINE FILE
8.	ATTENDANCE RECORD
nk you	u for your cooperation.

Form 9035-1012 Rev. 08/12 Appendix 12