



**Union Day School**  
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## **REQUEST FOR STUDENT RECORDS**

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

Previous School's Phone # \_\_\_\_\_

Contact person at Previous School: \_\_\_\_\_

Address of previous school: \_\_\_\_\_

I hereby give \_\_\_\_\_ (name of school) permission to release all school records for my child and to be forwarded to Union Day School.

**Please send us the following information:**

- Grades at the date of withdrawal from your school
- Attendance record for all previous years
- Standardize test results
- Immunization records/health records
- Gifted/Exceptional Children's records
- Special Education Records/IEP Records
- All academic records
- Any behavioural records

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Data Manager: \_\_\_\_\_