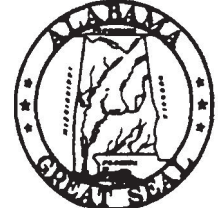




State of Alabama
Department of Education



OFFICIAL REQUEST FOR STUDENT RECORDS

| |
|-----------------------------|
| DATE OF REQUEST _____ |
| DATE REQUEST RECEIVED _____ |

The Alabama Department of Education and _____
Name of School

request that you transmit the following student records as soon as possible. If the student is currently receiving special education and related services, the records M= be transferred to the requesting school. [Alabama Administrative Code 290-080-090.09(2)(e)]

| LAST | FIRST | MI NAME | DOB | GR |
|------|-------|---------|-----|----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Principal

Mailing Address:
School: _____

Street: _____

P.O. Box: _____

City: _____

State: _____ Zip: _____