



# Request for Student Records

Date of Request: \_\_\_\_\_

### Originating School or Institution

Name of Previous School or Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Student's Information

Legal Name:	Last	
	First	
	Middle	

Birth Date: \_\_\_\_\_ Last date of attendance (approx.): \_\_\_\_\_

Grade Level: \_\_\_\_\_

Signature of Parent/Guardian (if available) \_\_\_\_\_

### To be filled out by the previous school of the student for year 2020-2021:

If the student is not enrolled at your school please indicate by checking the box.		<input type="checkbox"/>
School Name:	Name of School Official:	School Official Phone Number:
	School Official Email:	

*If the Student was enrolled at your school in school year 2020-2021:*

### The following records are hereby requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Transcripts or report cards   | <input type="checkbox"/> Discipline records        |
| <input type="checkbox"/> Test data / standardized test scores                                | <input type="checkbox"/> Immunization records      |
| <input type="checkbox"/> English Language (ELL) test score (if applicable)                   | <input type="checkbox"/> Health / medical records  |
| <input type="checkbox"/> Attendance records  | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> IEP (Individual Education Plan) and all evaluations (if applicable) | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> 504 Plan (if applicable)  | <input type="checkbox"/>                           |

### Signature of Requesting School Representative:

\_\_\_\_\_  
Signature Title Date

**PLEASE SEND VIA:**

**MAIL**  
Bridges PCS  
100 Gallatin Street, NE  
Washington, DC 20011

OR

**EMAIL**  
enrollment@bridgespcs.org

OR

**FAX**  
202-545-0517  
**PHONE**  
202-545-0515 / 202-695-2393