REQUEST FOR RECORDS

DATE: _____ REQUESTED BY: _____

PREVIOUS SCHOOL ADDRESS: _____

_____

_____

FAX #: _____ PHONE #: _____

To Whom It May Concern:

_____ has enrolled in the _____ grade at Helendale Secondary School, Helendale, CA.

Date of birth of student: _____

Please forward the following records:

_____ Unofficial transcript (ASAP via fax or email)

_____ Official transcript

_____ Withdrawal grades

_____ Cumulative folder

_____ IEP (if applicable)

_____ Attendance records

_____ Immunizations

_____ Discipline records

Federal Law 99.31 states: No parent signature is required for educational records sent to another educational agency.

Please forward records to:

Helendale Secondary School

P.O. Box 249

Helendale, CA 92342

Email to:

lditulio@helendalesd.com

amunoz@helendalesd.com