



Date 1st request: _____
Date 2nd request: _____

*Previous School:* \_\_\_\_\_  
*School Address:* \_\_\_\_\_ *Parent Signature* \_\_\_\_\_  
\_\_\_\_\_

*School Phone #* \_\_\_\_\_ *School Fax #* \_\_\_\_\_

<b>Student Full Name</b>	<b>Grade</b>	<b>DOB</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Hazelwood School District hereby requests the following Academic/Special Education/Discipline Information regarding the above-listed student(s):

- Discipline Records
- Birth Certificate
- Student Progress Report
- Individual Educational Program Plan (IEP)/504
- Immunizations
- Standardized Test Results
- Criminal/Court Disposition
- EOC Test Results
- Transcripts (previous two years)
- ELL Records
- All of the Above**

**If student is currently suspended or expelled please send relevant information and call immediately**

<b>(OFFICE USE ONLY)</b>	
<b>Please send the requested information to:</b>	
School Name: _____	
Address: _____	City: _____
State: _____	Zip Code: _____
Fax Number: _____	