



REQUEST FOR STUDENT RECORDS

Name of Individual Requesting Records: _____
Phone Number: _____
Email Address: _____
Street Address: _____
City: _____ State: _____ ZIP: _____

Student's Information

Full Legal Name: _____
Birth Date: _____ Last Year of Attendance: _____

The following records are hereby requested (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Standardized test scores |
| <input type="checkbox"/> Letter verifying dates of attendance | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> IEPs (Individualized Education Plans)* | <input type="checkbox"/> Diagnostic evaluations* |

*Please note that IEPs and diagnostic evaluations cannot be released to other institutions.

Select how the requested records should be sent:

- Sealed in an envelope with student
- To the email address above
- To the mailing address above
- To another institution (list below)

Name of Institution Receiving Records: _____
Phone Number: _____
Email Address: _____
Street Address: _____
City: _____ State: _____ ZIP: _____

Signature of Individual Requesting Records

Relationship to Student

Date

**After completing this form, please return it via email to
communications@bodineschool.org or via mail to:**

**Bodine School
Attn: Student Records
2432 Yester Oaks Drive
Germantown TN 38139**

For Office Use Only:

Date Received _____ Processed By _____ Date Processed _____