



## 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):

Progress Report

Immunization records

Letter verifying dates of attendance

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](mailto: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 \_\_\_\_\_