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 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 ____________