



BELLEVUE COMETS
MIDDLE + HIGH SCHOOL

REQUEST FOR STUDENT RECORDS

DATE _____

NAME OF STUDENT _____

BIRTHDATE _____

GRADE _____

FORMER SCHOOL NAME & ADDRESS _____

PARENTAL/GUARDIAN SIGNATURE _____

The above named student has enrolled in our school. Please send his/her educational records, including grades earned thus far this present school year and grades at the time of withdrawal. Please note that this request is for all records relating to the student such as health records (immunizations) and any psychological testing that may have taken place. These records are necessary so that proper placement can be made and continuity of record keeping is maintained.

Thank you for your assistance and early attention to this request.

Respectfully,

Jeff Recker

BELIEVE IN THE BLUE