

WITHDRAWAL/REQUEST OF RECORDS

The parent may submit this to the former school only with permission from Family Tree Private School



Family Tree Private School

Date: _____

TO: Registrar/Records Office

SUBJECT: Request and Authorization of Release of Student Records

Name and address of prior school attended: _____

Address _____

FAX: _____

The following student(s) has/have enrolled in our school:

Grade at Prior School
Last year attended there

Student(s) Name:

_____ ID/SS# _____ Grade: ___ Yr: _____

_____ ID/SS# _____ Grade: ___ Yr: _____

_____ ID/SS# _____ Grade: ___ Yr: _____

We are requesting that the following records to be released to us: Cumulative Records, Health Records, Test Scores, Psychological Records, Exceptional and Special Education Records

Please send records to:

Nancy Moral, M.Ed., Director
Family Tree Private School
PO Box 775 Lee, FL 32059
1-877-5school (877-572-4665)
Email: info@familytreehomeschool.com

Parent/legal guardian of student(s): _____

Address _____

Federal Law 99.21 states - "No parent signature is required for educational records sent to another educational agency"