

## Records Request

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Records/Information Needed:**  
*(Check all that apply)*

- \_\_\_\_\_ School Transcripts  
\_\_\_\_\_ Report Cards and/or Academic Reports  
\_\_\_\_\_ Professional Evaluations  
\_\_\_\_\_ Individualized Education Plans (IEPs)  
\_\_\_\_\_ Standardized Aptitude/Achievement Testing  
\_\_\_\_\_ Health Records  
\_\_\_\_\_ Other (Specify): \_\_\_\_\_

**Please send the requested records to:**

Name: \_\_\_\_\_  
(Person/Organization)  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

*Please note: Student records may be provided to officials of a school or school system in which the student intends to enroll without written consent of the parent/guardian or eligible student (COMAR 13A.08.02.19)*