

# Request for Records

Fletcher Academy



Please fill out the top portion of this form, and send it to your previous school.

Student Name \_\_\_\_\_  
Last First Middle

Birth date \_\_\_\_\_  
Month / Day / Year

Name of school you are currently attending \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address of Post Office Box

City State Zip Country

School Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby approve the release of all available educational, psychological, social, or medical records regarding the above-mentioned student:

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Parents and Students: Please do not mark under this line.\***

Public Law 93-380, regarding the "Release of Public Records," has been modified by SB 182, article 5, Privacy of Pupil Records, 10947, which reads:

A school district is not authorized to permit access to any pupil records to any person without parental consent or under judicial order except that:

- {A} Access shall be permitted to the following: Officials and employees of other public schools or school systems including local, county, or state correctional facilities where educational programs leading to high school graduation are provided. Where the pupil intends to or is directed to enroll subject to the rights of the parent is provided in Section 10939.

**Please forward the following document(s) to Fletcher Academy:**

- Official Transcript
- Test Scores
- Cumulative Folder
- Immunization and Health Records
- Withdrawal Grades

**Send To:**

**Registrar**  
Fletcher Academy  
185 Fletcher Academy Drive  
Fletcher, NC 28732

Phone 828.687.5100  
Fax 828.687.5111  
www.fletcheracademy.com

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_