



THE CONNECTION SCHOOL *of Houston*

SCHOOL RECORDS REQUEST

NOTICE: This form is to be completed by the parent or guardian only. Please allow up to three (3) business days for processing. The Connection School will not release school records if your account is past due or you have other financial holds.

Date of Request: _____

Name of Student: _____ **Grade:** _____

Desired Records (check all that apply):

- Report Card (Please specify year(s): _____)
- High School Transcript Official (signed, stamped, and sealed) (Please specify year(s): _____)
- High School Transcript Unofficial (not signed) (Please specify year(s): _____)
- Standardized Testing (Please specify: _____)
- Birth Certificate
- Immunization Record
- Other (Please specify): _____

Delivery Method

- Please hold my records for pick up on (date): _____
- Please email my records to: _____
- Please mail my records to:
 - Person/Department: _____
 - Company/School: _____
 - Street Address: _____
 - City, State, Zip: _____
- Please fax my records to:
 - Person/Department: _____
 - Company/School: _____
 - Fax Number: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

For Office Use Only:

Approved by: 1) Administrative Office _____ 2) Financial Office _____
Request fulfilled by _____ on _____