

REQUEST FOR STUDENT RECORDS

Broken Bow High School

108 W. 5th Street

Broken Bow, OK 74728

Phone: 580-584-3365

Fax: 580-584-2064

DATE: _____

Student's Name: _____ D.O.B: _____

This student is enrolling in the _____ grade.

Please send the following records on the above named student:

- Withdrawal Grades (numerical if possible)
- Transcript of Grades
- Cumulative Records
- Immunization Records
- Discipline and Attendance Records
- ELL/ESL Records
- State Test Scores
- Confidential Files (Individual Education Plan (IEP), Special Needs Student records)

Comments: _____

Last school attended: School name _____

Address: _____

City & State: _____ Zip Code: _____

School Phone Number: _____ School Fax : _____