



REQUEST FOR STUDENT RECORDS

ASN: _____ <i>(for office use only)</i>
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Student Name _____ D.O.B. _____

The above student has recently enrolled in our school. At your earliest convenience, would you please forward the Student Record. Thank you.

Previous School: _____

Address: _____

Phone: _____

Fax: _____

Please forward the file to:

School: _____

Address: _____

Phone: _____

Fax: _____

Attention: _____

Signature of BTPS Principal

Date