



## REQUEST FOR RECORDS

Date: \_\_\_\_\_

School: \_\_\_\_\_

School Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The following student has enrolled at Marietta \_\_\_\_\_ School:

Student Name	Date of Birth	Grade
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Please send:

Transcripts

Special Education Records

Withdrawal grades

Attendance Records

Health records

Previous Year State Testing Scores

Birth certificate

WIDA/Access Scores

Copy of social security number

Home Language Survey Form (current year and previous year)

**Email records** to our registrar, \_\_\_\_\_, at \_\_\_\_\_

Thank you,

\_\_\_\_\_  
Principal

Marietta School  
800 S 4<sup>th</sup> Ave.  
Marietta, OK 73448  
Phone: 580-276-9444

*Parental Permission is no longer required when records are requested by authorized school personnel according to the Family Education Rights and Privacy Act, Final Regulations, dated June 17, 1976.*