

AMBOY HIGH SCHOOL HEALTH / RECORDS REQUEST

NAME OF STUDENT _____ PHONE # _____

YEAR OF GRADUATION _____ DATE OF REQUEST _____

NAME OF STUDENT WHILE ATTENDING AHS _____

I AM REQUESTING A COPY OF THE FOLLOWING INFORMATION FROM MY AMBOY HIGH SCHOOL PERSONAL STUDENT RECORDS FILE:

_____ COPY OF LAST SCHOOL PHYSICAL ON FILE

_____ COPY OF LAST IMMUNIZATION RECORD ON FILE

_____ COPY OF BIRTH CERTIFICATE ON FILE

_____ OTHER _____
(PLEASE SPECIFY WHICH RECORDS)

_____ I WILL PICK UP THIS INFORMATION MYSELF FROM AHS OFFICE

_____ I GIVE THE FOLLOWING PERSON PERMISSION TO PICK UP THIS INFORMATION ON MY BEHALF (please print name clearly)

PLEASE MAIL INFORMATION TO _____
NAME

_____ ADDRESS

_____ CITY STATE ZIP

STUDENT SIGNATURE _____

There is no cost for this service. The above request to forward records will be processed as soon as possible.

----- *Office use only* -----

Date Records Request completed: _____ Date Mailed _____ OR

Received by _____ date _____