

# AMBOY HIGH SCHOOL HEALTH / RECORDS REQUEST

NAME OF STUDENT \_\_\_\_\_ PHONE # \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ 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 \_\_\_\_\_