



Inspire Learning. Unlock Potential. **Empower Achievement.**

REQUEST FOR STUDENT RECORDS

Tina March, Principal

To Whom It May Concern:

I hereby authorize \_\_\_\_\_ to submit  
(Name of former school)

appropriate information pertaining to \_\_\_\_\_  
(Student Name)

who has enrolled in grade \_\_\_\_\_ to:

Student Records  
Bowman Woods Elementary  
151 Boyson Rd NE  
Cedar Rapids, IA 52402  
319.447.3240

- \_\_\_ Transcripts
- \_\_\_ Immunizations/Health Records
- \_\_\_ Attendance Records
- \_\_\_ All other appropriate information
- \_\_\_ Test Results
- \_\_\_ Special Education
- \_\_\_ Psychological Reports

**If the student receives any educational support, please call our office ASAP. Thank you!**

\_\_\_\_\_  
Parent or Guardian Signature                                  Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                  State                                  Zip

Former School: (Name, Address, phone, and fax number if known:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_