

RELEASE TO OBTAIN TRANSCRIPT RECORDS/CONTACT

TO: **ATTENTION REGISTRAR**

DATE OF REQUEST ____/____/20__

☐ **FORMER SCHOOL INFORMATION...**

[Print Former School's Complete Name Here]

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ FAX: _____

.....

☐ **STUDENT INFORMATION...**

STUDENT NAME _____

[Please print student's name exactly as it appears in the school records]

DATE OF BIRTH ____/____/____

ID/SS# _____ **CURRENT GRADE LEVEL** ____

I _____ parent/guardian of the above-named student, request

[Print Parent/Guardian Name Here]

and give permission for the guidance / administration / registrar of the above indicated school / educational institution to release and send by Mail / FAX / E-mail a complete set of the above indicated student's behavioral & academic performance records / special / alternate program enrollment information / transcripts / withdrawal grades / report cards / health records / to.....

SOUTH FLORIDA FASHION ACADEMY
ATTENTION: REGISTRAR
4850 N State Road 7 Suite G109 Lauderdale Lakes,
Florida 33319

E-MAIL

Admin@southfloridafashionacademy.com

Office

954.999.5706

Thank you for your cooperation in this important matter.

[X] _____ Date ____/____/20__

[Parent/Guardian Signature]