Request of Records Form

**To:** Click here to enter text.

**Date of Request:** Click here to enter a date.

**Please send the records of:**

|  |  |
| --- | --- |
| **Student’s Name** | Click here to enter text. |
| **Birth Date** | Click here to enter text. |

**Please include the following:**

|  |  |
| --- | --- |
| **Academic Records** | Choose an item. |
| **Medical Records** | Choose an item. |
| **Withdrawal Records** | Choose an item. |
| **Total Academic & Non-Academic Credits to Date** | Choose an item. |
| **Explore, Plan, ACT scores** | Choose an item. |
| **PSAE Results (If Applicable)** | Choose an item. |
| **Individual Education Plan / 504 Plan** | Choose an item. |

**Please send to:**

*Havana High School*

*501 S. McKinley St.*

*Havana, IL 62644*

**Student’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If 18 years old or older)

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_