

Davenport Community Schools
Request for Records

For Office Use:	
1 st Attempt	_____
2 nd Attempt	_____
3 rd Attempt	_____
Date Rec'vd	_____

Date: _____

Parent/Guardian Completing Form: _____

INFORMATION ON PREVIOUS SCHOOL

Please indicate name and address of previous school attended:

RECORDS REQUEST

Dear School Personnel,
 The student listed below has registered in our school. Please send all pertinent records including: -
academic, health/immunization, special education, and any legal documents if applicable.

Student Name	Birthdate	Grade	Enrollment Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO NOT SEND ORIGINAL RECORDS

Office Use: Please send all records to		CENTRAL HIGH SCHOOL
valenzuelaes@davenportschools.org		Estella M. Valenzuela Guidance Secretary 1120 N. Main Street Davenport, Iowa 52803 563-323-1756
Fax- 563-324-9121		

Note: According to Federal Law 99.31 no parent signature is required for educational records to be sent to another educational agency.