



# Request for Records

CURRENT DATE	STUDENT NUMBER
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FLORIDA ATLANTIC UNIVERSITY  
Laboratory Schools

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH	SEX	GRADE	SCHOOL
REQUESTOR EMAIL ADDRESS				

This form is for current or former K-8 students, and specific high school student records requests. Current Florida Atlantic University High School students should refer to the FAU High School website for instructions when ordering transcripts. Please allow two business days for records request processing.

I hereby authorize Florida Atlantic Laboratory Schools to send the following records:

- |   |  |
|---|--|
| <input type="checkbox"/> Official Transcript  | <input type="checkbox"/> School Immunization Form DH680 or DH681                                       |
| <input type="checkbox"/> Unofficial Transcript (Grades 9-12 download through FOCUS)                                     | <input type="checkbox"/> English as a Second Language (ELL) Documents                                  |
| <input type="checkbox"/> End-of-Course Assessment Tests (Algebra 1 & 2, Geography, Biology, U.S. History, Civics, etc.) | <input type="checkbox"/> ESE/504 Documents   |
| <input type="checkbox"/> School Physical Form DH3040  | <input type="checkbox"/> Standardized Test Scores<br>Grade Level: _____                                |
| <input type="checkbox"/> Final Report Card<br>Year: _____   | <input type="checkbox"/> Electronic transcript to a State of Florida post-secondary school via FASTER. |
| <input type="checkbox"/> Other Documents: _____   | Name of School: _____  |

Transcripts and grade reports are based on the student's FOCUS record.

- I confirm the FOCUS student demographic record and grades are current and correct.

For a paper transcript, complete the section below. Official transcripts in a sealed envelope and unofficial transcripts in an unsealed envelope can be picked up at the school main office.

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attention: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
PRINTED NAME OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
PRINTED NAME OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE