

## Request for Records

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission to the below mentioned school to send the following:

1. Transcript
2. Health Records
3. Recommendations and Comments
4. Psychological and/or Special Education Records

Name of Previous School and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number of school: \_\_\_\_\_

Fax number of school: \_\_\_\_\_

Email address of school: \_\_\_\_\_

Please send the requested records to:

Olivet Academy

425 Morse Hill Rd

Amenia, NY 12501

Phone: 845-250-2231

Fax: 845-350-4211

Email records to: [info@olivetacademy.org](mailto:info@olivetacademy.org)

\_\_\_\_\_  
Signature of Parent/Guardian