

MESTLAKE HIGH SCHOOL

REQUEST FOR STUDENT RECORDS

Previous School Attended: ₋				
Previous School Address:				
Phone:	Fax Number	7		
cumulative a	t(s) named below have enrolled cademic records through the do • Official Signed Tro • Medical and Immuniza • Standard Test So • Withdrawal Date an • Special Education Re • do NOT send entire stu	ate of withdrawd anscript Ition Records cores Id Grades ecords – IEP	al. Including:	
Student Name:		DOB:	Grade:	
Student Name:		DOB:	Grade:	
Ple	Westlake High School / Couns Westlake High School / Couns Attn: Monique Lewis , Rough 99 North 200 West Saratoga Springs, Utah Fax: 801-768-1098 Office: 801-610-881 moniquelewis@alpinedis	seling Office egistrar t 84045	ɔ :	
Date 1 st Request Sent:	Date 2 nd Request Sent:	Date 3	Date 3 rd Request Sent:	
Federal Law 99.31 – No parent	signature required for educational	records sent to a	nother educational agency.	