Anson County Schools SIS-F001 Student Records Request Form

st Request	2 nd Request		3 rd Request	
	Date			
TO:				
	Former Scho	ool		
Stud	ent ID Number	Student Name		
Grade		Birth Date		
Street Address		City	State	Z
	Parent/Guard	ian		
Official Withdrawa IEP, Psychologica Schedule with sub Standardized Tes Transcript – begin	s cluding Immunization Data	LEP (if appli at time of wit EOC)	hdrawal and grades earned	
			udent will be suspended from school oved in that time frame. (Amended 10/	
MAIL RECORDS TO:				

Date: 01/01/2015 Revision B SIS-F001 1