

# The Carver Academy

## RECORD REQUEST FORM

DATE: \_\_\_\_\_

I hereby request that permanent record information (including attendance records, transcripts of grades, testing information, health records, special education records, birth certificate, and a copy of the most recent report card) be released to:

**The Carver Academy**  
217 Robinson Place, San Antonio, TX 78202  
Telephone: (210) 223-8885 • Fax (210) 223-8970  
Attention: Office of Admissions

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**Full Name of Student for which information is requested**

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Present Grade

\_\_\_\_\_

Signature of Person Requesting Records

\_\_\_\_\_

Parent/Guardian Signature

**NAME AND ADDRESS OF SCHOOL FROM WHICH INFORMATION IS REQUESTED:**

\_\_\_\_\_

Name of School

\_\_\_\_\_

Street or P.O. Box

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

**PLEASE NOTE:** According to the final regulation-Family Educational and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records for the purpose of enrolling in school.

If you are unable to comply with this request, please advise us of the conditions you require.