4601.4

## **APPENDIX 13**

## Request for Student Records

DATE OF BIRTH  PLACE OF BIRTH - CITY  STATE  CURRENT ADDRESS - STREET NUMBER AND NAME  CITY  STATE  ZIP  PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)  LAST NAME  FIRST NAME  CITY  STATE  ZIP  CURRENT ADDRESS - STREET NUMBER AND NAME  CITY  STATE  ZIP  HOME PHONE  CURRENT ADDRESS - STREET NUMBER AND NAME  CITY  STATE  ZIP  HOME PHONE  CURRENT ADDRESS - STREET NUMBER AND NAME  CITY  STATE  ZIP  HOME PHONE	STUDENT INFORMATION	Kequesi joi	DATE OF REQUEST				
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IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.