

STUDENT'S RECORD REQUEST

Dora R-III School District
 Records Secretary
 613 CR 379 Dora, MO 65637
 (417) 261-2337 phone or (417) 261-2673

Date: _____

TO STUDENT RECORDS SECRETARY of _____ School District
 (Last School Attended) _____ Phone#
 _____ Fax#

*****The student(s) will not be considered enrolled until they have completed 10 consecutive days of attendance in our district.*****

Please send the educational records of the following students:

_____ Student's Last Name First Middle

Social Security number: _____ DOB: _____ GR _____

- Educational records includes:
- _____ Birth Certificate
 - _____ Immunization Records
 - _____ Attendance Records
 - _____ Summary of A+ Schools Data
 - _____ Statement of Discipline and records
 - _____ Special Ed Records (Current IEP, Diagnostic)
 - _____ Transcript of grades and credits
 - _____ Legal Guardianship Court Papers
 - _____ Withdrawal Grades
 - _____ Social Security Number
 - _____ Missouri Student State I.D. Number Assigned

These records should be sent to the above address with 5 days. This is the _____ request for records.

_____ Parent/Guardian signature

_____ Date