



DEPARTMENT OF DEFENSE EDUCATIONAL ACTIVITY
DISTRICT SUPERINTENDENT OFFICE, GUAM
PSC 455, BOX 163
APO AP 96540-2901

Date: _____

TO: _____

Subj: REQUEST FOR STUDENT RECORDS

1. The following student(s) have recently enrolled at Defense Education Activity, Andersen Elementary School, Guam.

Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

2. We request all appropriate school records be forwarded to the address below. If there are any special or confidential files (e.g. Speech, Special Education, Talented and Gifted, etc) please release these records as well.

SEND TO: Department of Defense Educational Activity
Andersen Elementary School
Unit 14057
APO AP 96543

Sincerely,

Sharon K. Hall
Assistant Principal

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I agree to the release of my child's/children's cumulative and/or confidential records to the Defense Education Activity, Andersen Elementary School, Guam.

Signature of Parent / Guardian

Date