

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
ANDERSEN MIDDLE SCHOOL
Unit 14057 APO AP 96543-4057**

DATE _____

TO: _____

(NAME AND ADDRESS OF FORMER SCHOOL)

Subject: REQUEST FOR STUDENT RECORDS

Dear Educator,

1. The following students/s have recently enrolled at Department of Defense Education Activity, Andersen Middle School, Guam.

Name _____ GRADE _____

Name _____ GRADE _____

Name _____ GRADE _____

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

Department of Defense Education Activity
Andersen Middle School
Unit 14057
APO AP 96543-4057

Sincerely,

William A. Hall
Principal, Andersen Middle School

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

(Parent/Guardian Signature)

(Date)