



PROVIDENCE ACADEMY™

Student Records Request Form

All requests for a copy of records maintained in a student's file must be made using this form. Parents of students under 18 years of age and former students 18 years of age and older may request a copy of student records. This is not a request for transcripts (official or unofficial) and transcripts will not be released as part of the copy of these records. Please return this form (by fax, mail, or in person) to the **Registrar** in the Upper School Office:

Registrar
Providence Academy
15100 Schmidt Lake Road
Plymouth, MN 55446
Fax: 763-258-5501

Please release records for:

Student Name: _____
 First Middle Last

Birthdate: _____
 MM/DD/YYYY

Last Grade Level Enrolled (or Current Grade if applicable): _____

Graduation Year: _____

Please send/release records to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

I will pick up records in person.

Student's Signature _____ Date _____

Phone _____

**Parent's Signature _____ Date _____

(*Required for students under the age of 18).

Phone _____

For Office Use Only

_____ Date received _____ Date sent _____ Sender's Initials