

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
ANDERSEN ELEMENTARY SCHOOL  
UNIT 14057  
APO AP 96543-4057  
(671) 366-1511/12



REQUEST FOR STUDENT RECORDS

\_\_\_\_\_ *Date*

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following former students of your school have recently enrolled at Andersen Elementary School, Andersen Air Force Base, Guam.

Name	Grade	Date of Birth

I request all appropriate school records be sent to Andersen Elementary School at the above address as soon as possible. If these records contain any Speech, Special Education, Talented and Gifted services or any other special or confidential records please include these as well.

Thank you for your prompt support of this request.

Sincerely,

A handwritten signature in black ink that reads 'Willette Horne-Barnes'.

**Willette Horne-Barnes**  
**Principal, Andersen Elementary School**

**PARENTAL/GUARDIAN CONSENT TO RELEASE SCHOOL RECORDS**

I consent to the release of all school records including those records considered confidential for the purpose of enrollment at Andersen Elementary School, Andersen Air Force Base, Guam. This consent is limited to students listed above.

\_\_\_\_\_ *Parent/Guardian Signature*