

ANDERSEN MIDDLE SCHOOL

Unit 14057

APO AP 96543-4057

(671) 366-3880/5973

FAX (671) 366-5979



Date:

School Address: _____

Subject: REQUEST FOR STUDENT RECORDS

1. The following student(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

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

(Parent/Guardian Signature)

(Date)