

REQUEST FOR RECORDS

Student: _____
(Last Name) (First Name) (MI)

Date of Birth: _____

I consent to have the following forwarded to:

Friends School Haverford
Attn: Lisa Buscaglia, Director of Admission
851 Buck Lane
Haverford, PA 19041

Copy of student's current record and grades

Health Records

(Signature of Parent or Guardian)

(Date)

