

REQUEST FOR RECORDS

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

Date of Birth: _____

I consent to have the following forwarded to:

Friends School Haverford
Attn: Andrea Dominic, Director of Admission and Advancement
851 Buck Lane
Haverford, PA 19041

___ Copy of student's current record and grades

___ Health Records

(Signature of Parent or Guardian)

(Date)

