

Bridges Community Academy

Request for student records:

I am requesting the following school records for my child _____

from _____ School District.

- ✓ Cumulative grade record
- ✓ Testing data, including statewide tests
- ✓ Health record
- ✓ Attendance record
- ✓ Student's psychological testing
- ✓ Student's IEP

Be sent to: Bridges Community Academy
190 St. Francis Avenue
Tiffin, Ohio 44883

Parent or guardian signature

Date