

**VALENCIA HIGH SCHOOL  
REQUEST FOR RECORDS**

DATE OF REQUEST \_\_\_\_\_ RECORDS RECEIVED \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**PLEASE FORWARD THE PUPILS COMPLETE CUMULATIVE FOLDER, OFFICIAL TRANSCRIPT OF GRADES AND CREDITS, HEALTH AND IMMUNIZATION RECORDS AND ALL PSYCHOLOGICAL DATA (I.E.P., CONFIDENTIAL PSYCH REPORT) TO THE ADDRESS BELOW.**

\_\_\_\_\_  
(Signature of Parent, Legal Guardian, or Student over 18 years of age)

**Records Being Sent From:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Records Are To Be Sent To:**

Valencia High School  
27801 N. Dickason Drive  
Valencia, CA 91355