



# Forest Lake

EDUCATION CENTER

## FLEC Records Request Form

**Please be advised that all requests will take one to two business days to process.**

Student's Name: \_\_\_\_\_

Printed Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### Best Method of Contact:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Records Requested:

Report Card – Year: \_\_\_\_\_

Test Scores – Test/Year: \_\_\_\_\_

Medical Records

Other: \_\_\_\_\_

### Method of Delivery:

Pick-up at School (we will contact you when ready for pick-up)

Send Records to:

School Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### ***Office Use Only:***

Date Received: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Notes: \_\_\_\_\_