



**NEW PARADIGM COLLEGE PREP
ACADEMY**

2450 S. Beatrice St.
Detroit, Michigan 48217
PH: 313.406.7060

Office Use Only
➤ First Request _____
➤ Second Request _____
➤ Third Request _____

S t u d e n t R e c o r d s R e q u e s t

Please Print

School: _____

Address: _____

Street

City

State

Zip Code

Phone (with area code): _____

The following students(s):

Student's Name Birth Date Grade

Student's Name Birth Date Grade

Student's Name Birth Date Grade

Has/have enrolled in our school. We would greatly appreciate you sending the following documents **Immediately** via fax to **(313) Attn: Records Officer**

- **Current Grade Report/Report Grade**
- **IEP**
- **ESL**
- **Discipline Records**

Please forward the following documents via fax or US Mail:

- **Standardized test records and scores**
- **Immunization and Health records**
- **Psychological/Physiological reports**

Office Use Only
Documents Received: (Please check)
➤ Current Grade/Report Grade ___
➤ Discipline Records ___
➤ Standardized test records and scores ___
➤ Immunization and Health records ___
➤ Psychological/Physiological reports ___
➤ Special Education/IEP records ___

Please mail to:
New Paradigm College Prep Academy
Attn: Student's Records
2450 S. Beatrice St.
Detroit, MI 48217

I give my permission to release the cumulative records, personal data, health records, test data, and Special Education for student listed above.

Parent Signature

Date