

# STUDENT RECORDS REQUEST FORM

45 First Street SW, Fort Walton Beach, FL 32548

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www.newcreativeworksschool.org

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

The above named student has applied for enrollment at New Creative Works School. Please forward all records pertaining to this student, including the Certificate of Immunization. The release below must be signed by the student's parent or legal guardian.

I hereby authorize you to send to New Creative Works School all academic, social, physiological, and health records for the above named student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student