



ALBANY LEADERSHIP
CHARTER HIGH SCHOOL FOR GIRLS

Record Request Form

Date: _____

To whom it may concern:

Please forward the following information, where applicable, to the office indicated below at your earliest convenience.

Name of Student: _____

Student's DOB: _____

Name of Current School: _____

Address of School: _____

Phone: _____ Fax: _____

Parent Signature: _____ Date: _____

Items Requested:

- | | | |
|--|---|--|
| <input type="checkbox"/> All Records (Transcripts, Science Labs, Discipline Records, Special Ed Records, etc.) | | |
| <input type="checkbox"/> Student Transcripts | <input type="checkbox"/> Science Labs | <input type="checkbox"/> 8 th Grade Report Card |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Psychological Records | <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> PSAT, ACT, AP Results |
| <input type="checkbox"/> NYS Regents Scores | <input type="checkbox"/> NYS Proficiency Scores | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Special Ed. Records (including most recent IEP or 504 Plan) | | <input type="checkbox"/> Other: _____ |

Please send records to:

Albany Leadership Charter High School for Girls
Attention: Counseling Office
19 Hackett Blvd
Albany, NY 12208
Fax: 518-694-5307