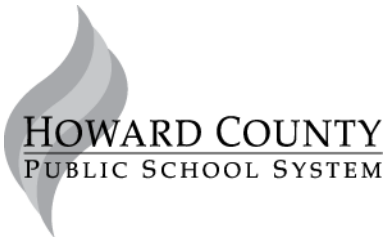
IFAS#39502290




# RECEIPT OF RECORDS ACKNOWLEDGEMENT

Date _____/_____/_____ Enclosed is the cumulative record for:

| Student Name<br><br>First Middle Last | DOB: _____/_____/_____<br><br>SASID: _____ |
|---|---|

Please sign below as acknowledgement of receipt of records for the above mentioned student and send or fax this form back to:

School Name _____ Phone _____

Address _____ Fax _____
(or school stamp)

| I acknowledge receiving the following:<br><br>☐ Academic Records ☐ Health Records ☐ Special Education Records<br><br>☐ Psychological Records ☐ Other _____ |
|---|
| School Name |
| Date Received<br>_____/_____/_____ |
| Signature |
| Title |