



THE *Valley* SCHOOLS

15700 Sherman Way  
Van Nuys, CA 91406  
(818) 786-4720

*James Haddad*  
Principal

## REQUEST FOR STUDENT RECORDS

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

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School currently attending:

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

Address: \_\_\_\_\_

Please send records for the student named above to:

**The Valley Schools**  
**15700 Sherman Way**  
**Van Nuys, CA 91406**

Please include cumulative records, transcripts, report card, immunization record, standardized academic achievement testing, and any additional testing conducted by a school psychologist or therapist.

Signature of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_