

DAVINCI

ACADEMY OF SCIENCE & THE ARTS

Request for Academic Record

Student Name _____ / / _____ Date of Birth _____ Current Grade _____

has expressed interest in DaVinci Academy. You have been identified as the student's last school of attendance.

Previous School _____ District _____

In accordance with UCA 53-A-11-504 Requirement of school record for transfer of student-Procedures, and 34 CFR 99-31 governing the permissible disclosure of education records without the written consent of the parent if the disclosure is to officials of another school in which the student seeks or intends to enroll, we request that a certified copy of this student's record, including the student's cumulative **grades**, U-PASS testing and **discipline** file.

Thank you for your cooperation on behalf of maintaining the most appropriate educational services for all students.

Parent/Guardian Signature _____ / / _____ Date _____

FAX RECORDS TO:

DAVINCI ACADEMY
Attn: Records
2033 Grant Avenue
Ogden, Utah 84015
FAX: 801-866-1311