



ACADEMIC RECORDS RELEASE FORM

Mutanafisun Academy
470 South Street
Quincy, MA 02169
617.472.0519 (phone)
617.472.1234 (fax)

Dear School Guidance Office:

We are writing to request an official copy of the following students' academic records. Please furnish the following to the above fax number or address:

- _____ All academic records on file
- _____ Standardized test results
- _____ IEP (if any)
- _____ Behavioral report
- _____ Health record
- _____ Any other helpful information

Your prompt attention to this matter would be greatly appreciated.
Thank you,

Shandalea Abdul-Hadi
Director/Administrator

TODAY'S DATE: _____

NAME OF STUDENT: _____

STUDENT'S ADDRESS: _____

STUDENT'S PHONE NUMBER: _____

My signature below verifies that I am the legal parent or guardian of the student whose name appears above and I give my permission for the academic school records of my child to be sent to Mrs. Shandalea Abdul-Hadi at Mutanafisun Academy.

Parent's Signature/Date