RECORD REQUEST

Received By: _____

Holabird STEM Program

1701 Delvale Avenue Baltimore, MD 21222

Academic Record Request Form

(Submit a form for each school)

| Date: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Student: | HR teacher: |
| Name of School applying to: | |
| Address of School: | |
| Copy of Last Year's Report Card (Year's Report | H.S. Magnet School Applicants You will receive your requested copy in homeroom within 5 days) Private School Applicants by you. nclude envelope with school name and address with two (2) postage stamps.) Submit Consent |
| for Release of Records. | |
| Check the items that apply to your Report Cards Testing Other | |
| School Counselor | included at the time of academic record request. |
| Teacher – Name of Teacher Other | |
| Holabird STEM Program Academic Record Policy: Allow 5 school days to process your academic record request once dated and received in the School Counseling Office. All academic record requests must be submitted by December 8th prior to the Winter Break to allow for sufficient time to process your request in a timely manner. | |
| Checklist Academic Records Request F Consent to Release Records a Private or Magnet School App | attached |
| Office Use: | |

Date:_____