



**Request for Student Records**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Home Phone Number

Gender  Female  Male

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name of Most Recent School Attended

\_\_\_\_\_  
Current Grade of Student

\_\_\_\_\_  
Street Address of School

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE STUDENT LISTED ABOVE:

PLEASE MAIL or DROP RECORDS OFF AT:

- Withdrawal form and date of withdrawal
- Official Transcript
- Immunization Record
- Birth Certificate
- Testing Data and Results
- Legal Guardianship and Custody Papers
- Current IEP and Psych Evaluation
- ELL Testing and Results

A.C.E. Academy Charter School  
4365 Schoolhouse Commons  
Suite 500 # 157  
Harrisburg, NC 28075

**FOR OFFICE USE ONLY**

FIRST REQUEST  Sent on: \_\_\_\_\_

SECOND REQUEST  Sent on: \_\_\_\_\_

THIRD REQUEST  Sent on: \_\_\_\_\_

**Mailing Address:**  
4365 Schoolhouse Commons  
Suite 500 #157  
Harrisburg, NC 28075  
Phone: 888-244-6511, Ext. 101

7807 Caldwell Road  
Harrisburg, NC 28075  
Phone: 704-207-0232  
Fax: 704-626-2655