



SCOTTSDALE COUNTRY
DAY SCHOOL

RECORDS REQUEST FORM

Phone: 480-452-5777
Fax: 480-404-9777
Email: kathy@scdsaz.com

Dear Parent,

Please complete, sign, and submit this form to the SCDS main office. This will allow us to receive a copy of your child's transcripts from his or her former school.

Student's name: _____ Birthdate: _____ Grade: _____

Current School: _____

Phone: _____

Fax: _____

Previous School: _____

Phone: _____

Fax: _____

I grant permission for a copy of my child's transcripts to be sent to Scottsdale Country Day School.

Signature of parent or guardian _____ Date _____

Attention: Records/Transcript Office

The above named child has applied to Scottsdale Country Day School. Please email or fax copies of

- Transcripts
- Report cards
- Standardized test scores
- Medical/immunization records
- IEP/504
- Behavioral or academic disciplinary documents

Thank you for your help,

Kathy Prahcharov
Director of Operations

1st attempt

2nd attempt

3rd attempt