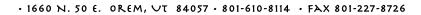


HOME OF THE NIGHTHAWKS

ERIC WOODHOUSE, PRINCIPAL





Request for Student Records

Date:/			
Authorization is given to:	(Former School)		
	(Street Address)		
	(City, State, Zip)	(City, State, Zip)	
Please furnish Northridge Elementar concerning the following students:	ry School the information	on listed below	
Name	Birthdate	Grade	
Please Send:	Send Information to:		
Cumulative Records	Northridge Elementary		
Special Ed. Data Health Records	1660 North 50 East Orem, UT 84057		
Confidential Information	Orom, e	101037	
I have authorized the release of all educabove.	cational and confidential	information as indicated	
	(Parent a	(Parent and Guardian Signature)	