



REQUEST FOR RECORDS

To: Records Department / Registrar

Student Name: _____

Student's Date of Birth: _____

Student Grade for Year Applying: _____

Name of previous school: _____

Please forward records for the above student to:

Center Academy Lutz
Attn: Registrar
1520 Land O' Lakes Blvd.
Suite D
Lutz, FL 33549
Fax: (813) 909-4483
Email: infolz@centeracademy.com
Phone: (813) 909-9442

Please include official transcript, report cards, discipline record, and IEP/504.

I authorize release of these records.

Parent Signature

Date

Submit 