



Forest Lake

EDUCATION CENTER

FLEC Records Request Form

Please be advised that all requests will take one to two business days to process.

Student's Name: _____

Reason for Request: _____

Printed Parent Name: _____

Parent Signature: _____

Best Method of Contact:

Phone: _____

Email: _____

Records Requested:

Report Card – Year: _____

Test Scores – Test/Year: _____

Medical Records

Other: _____

Method of Delivery:

Pick-up at School (we will contact you when ready for pick-up)

Send Records to:

School Name: _____

Contact Name: _____

Fax Number: _____

Office Use Only:

Date Received: _____

Date Sent: _____

Notes: _____