



Pansophia
ACADEMY
UNIVERSAL KNOWLEDGE

Request for School Records

Date _____
Former School _____
Street Address _____
City and Zip Code _____
Phone Number _____ Fax Number _____

*This is a written request for all cumulative records including:
grade cards, health records, attendance records, all testing results, including special education,
psychological reports, and students Michigan UIC Code*

Student's Name _____
Date of Birth _____
State UIC Code Number _____
Last Completed Grade _____
Parent Signature _____

Thank you for your cooperation in this matter.

Faxed (1st attempt) _____
Faxed (2nd attempt) _____
Faxed (3rd attempt) _____