



Arkansas Baptist School System

REQUEST FOR RECORDS

(Applicant should complete the top portion of this form.)

Name of Student _____ Current Grade _____

Date of Birth ____/____/____

School from which records are requested:

Name of School

Address

City, State, ZIP

Telephone

Fax

Parental permission is no longer required when records are requested by authorized school personnel.

Arkansas Baptist School System respectfully requests the following:

- | | |
|---|---|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Social Security # Verification | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Any information that may help us serve the student's educational needs | |

Your prompt attention to this request will be greatly appreciated.

Sincerely,

Robbie Bennett
Registrar

Please mail records to:
Admissions Office
Arkansas Baptist School System
62 Pleasant Valley Drive
Little Rock, AR 72212

Date request mailed _____ Via Fax _____
Date records received _____

Elementary Office
62 Pleasant Valley Drive
Little Rock, AR 72212
(501) 227-7070 (501) 227-0060 Fax

Administrative Offices
62 Pleasant Valley Drive
Little Rock, AR 72212
(501) 227-7077 (501) 227-0060 Fax

Junior/Senior High School Office
8400 Ranch Boulevard
Little Rock, AR 72223
(501) 868-5121 (501) 868-5403 Fax