



**MORGAN
ACADEMY**

P.O. BOX 2650
SELMA, AL 36702-2650
(334) 875-4464 (334) 875-4465 - FAX

REQUEST FOR RECORDS

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

City *State* *Zip Code*

Parental permission has been granted to John Tyler Morgan Academy to request records for the following student:

Name of Student *Date of Birth* *Grade*

PLEASE FORWARD RECORDS TO:

**John T. Morgan Academy
P.O. Box 2650
Selma, Alabama 36702-2650**

The above information is to be used in accordance with the Federal Family Education Rights and Privacy Act of 1974 (PL 93-380)

SIGNED:

Authorized Signature

Street/P.O. Box

City *State* *Zip*

Telephone

Relationship

Date: _____