



Office: 601-990-4085

Fax: 601-990-2017

Attention: Records and Registrar's Department

Requesting From: _____

Date of Request: _____

Date of Student Enrollment: _____

Please release records to: Reading Nook Academy, School ID 2729

REQUEST FOR PERMANENT RECORDS INFORMATION FOR _____ DOB: _____

MAIL TO:

Reading Nook Academy

Attn: LeighAnn Norton

1208 Honey Creek Lane

Brookhaven, MS 39601

_____ Discipline

_____ Immunization Record

_____ Birth Certificate

_____ Withdrawal Grades/Final Report Card

_____ SPED or other Special Placement Documentation

_____ Attendance

_____ Cumulative Folder/Copy of Insert

Parent/Guardian Signature of Request: _____

Date of: _____

Thank you for your prompt attention to this request.

Millicent S. Porter, Administrator