



McGUFFEY FOUNDATION SCHOOL
P.O. Box 502
Oxford, OH 45056

REQUEST FOR RECORDS

Date ____ / ____ / ____

_____ is a student enrolled at the McGuffey Foundation School. Please forward permanent records, including academic and health forms, to us at your earliest convenience.

Thank you,

Alfred Allen PhD, Director

I, _____, the parent of _____, request that these records be forwarded to the McGuffey Foundation School.

Parent or Legal Guardian _____ Date ____ / ____ / ____