



# CAMDEN HILLS REGIONAL HIGH SCHOOL

25 Keelson Drive, Rockport, ME 04856 • Telephone (207) 236-7800 • Fax (207) 236-7813

## School Records Request

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camden Hills Regional High School requests that you forward:

- Educational records
- All cumulative educational records
- All special education records (IEP, psychological, social, education, medical, psychiatric evaluations and reports)
- Complete transcript and current grades (If letter grades are used, please provide the numerical equivalent and grading scale.)
- Health records
- Family data, birth date, immunizations
- Discipline records, if applicable. If not, please indicate that no discipline record exists.

Please send to:

**Camden Hills Regional High School**  
**25 Keelson Drive**  
**Rockport, ME 04856**  
**Attn: Registrar, Counseling Department**

This request is in accordance with Chapter 125: Basic Approval Standards Section 12 (Records & Reports): *“Upon request of the parent or school officials, a student’s educational records including special education records, shall be forwarded to any school in which the student is enrolled or is intending to enroll.”*

In the meantime, please email a copy of the student’s transcript and immunizations as soon as possible to the CHRHS Registrar at [jessica.hoppin@fivetowns.net](mailto:jessica.hoppin@fivetowns.net).

Thank you.

Parent Signature \_\_\_\_\_

Signature/Title of School Official \_\_\_\_\_