

Student Name: \_\_\_\_\_

### CUMULATIVE RECORD REQUEST

Please complete this form and return to Children's Scholarship Fund who will submit it to your child's current school.

Applicant Name:

Date of Birth:

City/Town of Residence:

This student is applying for a K-12 Scholarship for the next academic school year. Please send us copies of this applicant's records for the past year (if applicable), including:

Attendance record

Most Current Report Card

IEP

I hereby give my permission to \_\_\_\_\_ / \_\_\_\_\_  
(Name of School) (SAU #)

\_\_\_\_\_  
(School Address)  
to release the records of the applicant listed above to Children's Scholarship Fund.

Records should be sent to: Children's Scholarship Fund - New Hampshire Office  
8 Main St, Suite 8  
Concord, NH 03301

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



**Children's Scholarship Fund**  
New Hampshire