



DAVIS HIGH SCHOOL
Request for Cumulative Records

Date of request: _____

LAST SCHOOL ATTENDED INFORMATION

Name of School: _____

Attention: _____

Address of School: _____

City, State & Zip Code: _____

Fax Number/Email: _____

This certifies that the student(s) named below has enrolled at Davis High School.
Please forward the academic records to the date of withdrawal.

Student Name	Date of Birth	Grade

Please include the following information. You may mail/fax/email documents.

- ☐ Official Transcript
- ☐ Competency and/ or state standard tests required for graduation
- ☐ Medical and Immunization records
- ☐ Grade explanation system if letter grades are not used.
- ☐ Current IEP/ Diagnostic Summary, if applicable

Please forward all records to:

**Davis High School
325 South Main St
Kaysville, Utah 84037
Attn: Registrar-April Mayer**

Ph: (801) 402-8807/ Fx: (801) 402-8813

Email: amayer@dsdmail.net

The Federal Law 9931 allows for educational records to be sent to other educational agencies without the parent's signature requirement.

Thank you,

April Mayer
Registrar
Davis High School