

Pee Dee Academy

Records Request

Date _____

School Previously Attended _____
Address _____

Student Name _____

Grade Completed _____

Please include:

- Student Transcript
- Standardize Testing
- SC Certificate of Immunization
- Copy of Birth Certificate
- Copy of Social Security Card
- Disciplinary Records
- Placement in Remedial or Special Education
- Psychological Testing

Permission to release my child's education records to
Pee Dee Academy, including any confidential information
Please return by fax to 843-423-0301 or
Email to sbaker@peedeeacademy.org
Pee Dee Academy P O Box 449, Mullins, SC 29574

Parent's Signature _____

Date _____

Thank You



Hal D. Townsend
Headmaster