



Records Request

Date: _____

To: Records Dept. _____

Phone Number: _____

Fax: _____

Re: Records Request for: _____

DOB: _____

The above student will be attending Discovery Charter School for the 2023-2024 School Year.

Please call 585 342-4032 if you have any questions.

Please fax the following information to our fax # 342-4003:

- Academic Transcripts
- Standardized test Scores
- IEP/504 Plans
- Health Records-Physical/immunizations
- Discipline Records
- Other: _____