



**SOUTHERN LAB<sup>®</sup>**  
SOUTHERN UNIVERSITY  
LABORATORY SCHOOL

**Request For Student Records**

Previous School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Fax Number: \_\_\_\_\_

School Email: \_\_\_\_\_

Student Name	Date of Birth	Grade	Date of Request

Please provide the following record(s) that apply:

<input type="checkbox"/> Withdrawal Form/Drop Slip	<input type="checkbox"/> Copy of Social Security Card
<input type="checkbox"/> Standardized Test Scores	<input type="checkbox"/> Individualized Education Plan (IEP) (if applicable)
<input type="checkbox"/> Current Report Card	<input type="checkbox"/> Individualized Accommodation Plan (IAP/504)
<input type="checkbox"/> Previous Grades	<input type="checkbox"/> Medical records
<input type="checkbox"/> Disciplinary Records	<input type="checkbox"/> Other
<input type="checkbox"/> Attendance Records	
<input type="checkbox"/> Up to date Immunization records	

Please fax or email records to: [crystal\\_franklin@sulabschool.com](mailto:crystal_franklin@sulabschool.com)

Fax: 225-771-2782

Crystal M. Franklin, M.A., PLPC  
TeleMental Health Certified  
School Counselor