

**FAME Public Charter School  
BASIS @ FAME Program**

**Request for Student Records**

Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Current Address: \_\_\_\_\_  
\_\_\_\_\_

Student's Telephone Number: \_\_\_\_\_

**Type of Records Requested:** \_\_\_\_\_

**Name and address where documentation is to be sent:**

Name of Requesting Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of copies: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature\*

\_\_\_\_\_  
Student Signature

\*Required if student is under 18 years of age

Mail request to:

FAME Public Charter School  
39899 Balentine Drive, Suite. 335  
Newark, CA 94560