



Kerry K. Roche  
Registrar

**Request for Records**

Dear Lewis School Alumni, Parents, and Clinic Clients,

We have received your request for records. In order for us to comply with this request we need you to fill out the attached form authorizing us to provide information to yourself, another school, university, or other organization approved by you. Our Clinic and School keeps your records permanently on file, and is happy to meet your request for documents. However, please understand that locating the records from among our more than 32 years of files and providing this information for you and for others does take significant time. Because we maintain only a very small staff (to keep our costs as low as possible), we must pass along a charge for these special services. **Please note that there is no fee for current students.** We recommend that you give us three weeks lead time, given the demands of the daily activities of our current students and clients.

Payment is required in advance. We are happy to accept your faxed credit card information on the form below or a check for the appropriate amount. Please allow three weeks from the date that we receive your payment to generate the requested documents.

Sincerely yours,

Kerry K. Roche, Registrar

Fees (please mark accordingly):

- \$15 Transcripts only (up to three copies) - copied, signed, seal-imprinted and sent to any one recipient (e.g., you, and individual, an institution)
- \$40 Package containing elements you request, including any or all of the following: prior school records, evaluations, end-of-year test reports, transcripts, etc.

**\* Visa or MasterCard \***

Name as shown on card (please print): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

I hereby authorize The Lewis Clinic and School to charge my account \$ \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

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