



## BENTON FRANKLIN HEAD START Records Request

I, \_\_\_\_\_, hereby request a copy of the following information  
(print parent/guardian's name)

regarding \_\_\_\_\_. My child  
(print child's name and date of birth)

attended Benton Franklin Head Start the following years \_\_\_\_\_.

☐ Birth Certificate

☐ Immunization Record

☐ Other \_\_\_\_\_

Reason for requesting this information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like to receive the information once it has been processed?

☐ Pick up in Person

\_\_\_\_\_  
(Phone Number)

☐ Mail to

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip Code)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Requests for information regarding a child currently enrolled in Head Start will be processed within 3 working days. Requests for information regarding a child from a previous enrollment year will be processed within 5 working days.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_