

MEMBER NO. _____

CONFIRMATION: _____

LEAH

Lowcountry Educators' Association of Homeschools, LLC

Founded 2008 in Summerville, South Carolina

REQUEST FOR STUDENT RECORDS

School Name: _____

Address: _____

School Fax # _____

I certify that in accordance with SC Code §59-65-47, I am planning to educate my child at home for the _____ to _____ school year. I have applied for membership with the **Low-country Educators' Association of Homeschools**. I further hereby authorize your school to release all school records for the child named herein to be mailed to:

Low-country Educators' Assn of Homeschools (LEAH)
717 Old Trolley Road, Suite 6-304
Summerville, SC 29485

Attention: Grace A. Bolin, Administrator
Fax: 866-929-9126

Full Name of Student: _____

Last Grade Attended: _____ D/O/B: _____

Parent/Guardian: _____ **LEAH ID:** _____

Signature: _____ Date: _____

Present Address: _____

Telephone: (H) _____ (Cell) _____

LEAH Administrator: _____ Date: _____