



DEPARTMENT OF DEFENSE EDUCATIONAL ACTIVITY (DODEA)
DISTRICT SUPERINTENDENT OFFICE, GUAM
401 Stitt Street
Agana Heights, Guam 96910

TO: _____

SUBJECT: Request for School Records (**Including Confidential Files & Testing Data**)

Official Transcript / Cumulative Folder / Health Records / Testing Data / Special Education Records /
Disciplinary Records

Note: Please fax a copy of an unofficial transcript and send the official transcript in the mail. Thank you.

Dear Educator:

1. The following student(s)

_____ Grade _____ DOB _____
_____ Grade _____ DOB _____
_____ Grade _____ DOB _____

Had recently enrolled in our school, which is located in Guam.

2. Please forward all appropriate school records to the address below:

DDESS GUAM HIGH SCHOOL
401 Stitt Street
Agana Heights, Guam 96910
Tel: (671) 344-7410 Fax: (671) 344-7374

Mr. Philip M. Keim, Principal

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I hereby give my consent to _____ to release the Official
School Records (s) of my child/ren, named above, to the overseas Dependent School whose address
appears above.

Signature of Parent / Guardian