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**REQUEST FOR ACADEMIC RECORDS**

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

Name of School: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The above named pupil is applying at Balboa School. Please send the requested records to:

**Please send copies to:**  
Balboa School  
Attn: Monica Castro  
130 Woodward Avenue  
Escondido, CA 92025  
[mcastro@balboaschool.com](mailto:mcastro@balboaschool.com)  
760-294-4161

Notes:

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