



Caliber: Beta Academy
4301 Berk Avenue, Richmond, CA 94804
(510) 685-9886

Cumulative Records Request

To: Name of last school attended: _____

City: _____ State: _____

Telephone number with area code: (_____) _____

We are requesting documents to be forwarded for the student(s) listed below who recently enrolled into Caliber: Beta Academy school.

Student (First/Last): _____ Date of Birth: _____

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Student (First/Last): _____ Date of Birth: _____

- Complete Cumulative Records File**
- IEP (Individualized Educational Plan) Documents**
- Recent Progress Report or Report Card only**
- Health Examination Record only**

To be completed by a Caliber employee

Request Status:

1st Request Date: _____ Staff: _____

2nd Request Date: _____ Staff: _____

3rd Request Date: _____ Staff: _____



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Solicitud de expedientes acumulativos

Para: Nombre de escuela atendiendo: _____

Ciudad: _____ Estado: _____

Número de teléfono: (_____) _____

Estamos solicitando los documentos que se remitirá para el estudiante (s) se enumeran a continuación, que recientemente inscrito en Caliber: Beta Academia.

Nombre (Primero/Apellido): _____ Fecha de Nacimiento: _____

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