

**Freestate
ChalleNGe
Academy**



EDUCATION REQUEST FORM

Please PRINT CLEARLY. Illegible forms WILL NOT BE PROCESSED.

Date of Request: _____

Person Requesting Information: _____

Phone Number: _____

Requesting Organization: _____

Reason for Request: _____

Information Requested: _____

Information to be sent via (Circle One) FAX E-MAIL POSTAL MAIL

Fax Number: _____ **E-Mail:** _____

Mailing Address: _____

GRADUATE to complete the following

I authorize the requested information be released to the requesting party.

Full Name: _____

Date of Birth (MM/DD/YEAR): _____

Social Security Number: _____ - _____ - _____

Class # or Graduation Date: _____

Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO:

Freestate ChalleNGe Academy
c/o Rebecca Blue
BLDG E4230 Beal Road
APG-EA
Gunpowder, Maryland 21010

-OR-

rebecca.blue@maryland.gov

-OR-

Fax: 410.436.3262 ATTN: Rebecca Blue

PLEASE DO NOT WRITE BELOW THIS LINE – OFFICIAL OFFICE USE ONLY

Date Received: _____

Date Sent: _____

Method: _____

Comments:

