

Complete the following forms with an Ink Pen.

Mail or Fax these forms to:

Hill & Lowe Educational Services, Inc. *Exploratorium Academy*

Attn: Records Request

P.O. Box 640622

Pike Road, Alabama 36064

334-279-9671 (School's Fax), or 334-274-9082 (Academic Officer's Fax), or

334-409-2986 (Director's Fax) **There is no need to fax to all three.**

We are unable and will not process verbal records request, all forms must be documented and/or faxed to any one of the numbers above numbers and/or mailed. All student accounts must have a ZERO balance before your request will be processed. Additionally, a full processing payment must be mailed via U.S. Mail to the business address above. WE WILL NOT BE ABLE ACCEPT ANY UPS OR FED EX PACKAGES. THESE COMPANIES DO NOT DELIVER TO P.O. BOX ADDRESSES. Your mailed request with payment must be received at our P.O. Box (Business Mailing Address) – No Exceptions.

If you are requesting records - Transcript(s), A Copy of your diploma, or a New Diploma, the prices are below:

Transcript - \$25.00 (Certified funds only) – **Effective September 2010**

Diploma Copy - \$15.00 (Certified Funds Only) – **Effective September 2010**

New Diploma w/ Cover - \$56.00 (Certified Funds Only) – **Effective September 2010**

Along with your request, you must include a photo copy of your current identification. Without a viewable photo copy your request will not be processed.

Hill & Lowe Educational Services, Inc. will not allow the hand delivery of records. Persons seeking records must complete the attached forms and pay the appropriate processing fees. **Please allow a 3-5 business day processing period.**

Approved for Implementation

Dr. Mary Hill Lowe – Director

Dr. Melvin-Alonza Lowe, III – Academic Officer

2010/2011

Official Forms: **Hill & Lowe Educational Services, Inc.**

We will no longer duplicate diplomas before 2004; we can only provide copies and/or allow students to order a duplicate original copy.

All information must be completed on the next (2) forms or your request will not be processed.

You will receive an official copy of your records, and the agency of your request will also receive an official copy of your records. All records will be U.S. Mailed. If you request both a faxed and mailed copy, you must provide the correct fax number and the department to receive your records.

Hill & Lowe Educational Services, Inc. – Exploratorium Academy
Consent Form – To Release, Convey, and/or Request
Student Information

PLEASE SIGN YOUR NAME AND DO NOT PRINT.

I, _____ give full permission to the administrators of:
(Parent's Name)

Hill & Lowe Educational Services, Inc. - Exploratorium Academy to receive records on my behalf or on the behalf of my minor child:

_____ SS#: _____
(Student's Name)

Therefore, I certify my request on this _____ day of _____ 2010/2011 allowing a release, to obtain, request, and forward school records to and by:

Hill & Lowe Educational Services, Inc. – Exploratorium Academy regarding **my child,**

_____ or myself _____ as an adult
(Student's Name) *(Adult/Parent)*

Additionally, I am aware of my Buckley Amendments Rights and Responsibilities, and I further allow the school's administrator(s) to execute their rights and authorities thereof.

Please be advised that we are requesting all (BBSST Referral Information, 504 Accommodations, and Special Education Records of Services Provided/Placement).

Signature of the School's Representative: _____
Dr. Mary Hill Lowe or Dr. Melvin-Alonza Lowe, III
e-mail: melvinlowe@hillandloweeducationalservices.org
marylowe@hillandloweeducationalservices.org

Witness's Signature: _____

Date: _____

Education – Accountability – Leadership

Record's Request Information

Please write clearly for our accurate processing.

Name: _____ SS#: _____

DOB: _____

Name & Address Of The Recipient: (Where do you want this information to go?)

Nature/Type of Request: _____

Transcripts / Diplomas

Address of the Person Requesting Records: (Your complete name and address)

_____ - YOUR E-MAIL ADDRESS.

MANDATORY – A contact phone number: _____

Signature of Person Requesting Records: _____

Date of Request: _____

Signature of School's Representative: _____

Dr. Mary Hill Lowe or Dr. Melvin-Alonza Lowe, III

Date processed: _____