

Transcript/Records Request Procedures:

Hill & Lowe Educational Services, Inc. d/b/a - Exploratorium Academy

Consent Form – To Release, Convey, and/or Request Student Information

Please write in Cursive Writing

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

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)- Signature

Therefore, I certify my request on this _____ day of _____
20___/20___ 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) – Signature *(Adult/Parent) - Signature*

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 and Placement). Additionally, please send any RTI recommendations.

Signature of the School Representative: _____

**Dr. Mary Hill Lowe, EdD
President/Superintendent**

Witness's Signature: _____

Date: _____

Record's Request Information

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 **(Required)**

MANDATORY – A contact phone number: _____

Signature of Person Requesting Records: _____

Date of Request: _____

Signature of Official Representative: _____

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

Or

Dr. Marvin Alexander Lowe

Date processed: _____

After you have completed the above forms (2); Mail them to:

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

Hill & Lowe Educational Services, Inc. d/b/a - Exploratorium Academy

Attn: Records Request

P.O. Box 640571

Pike Road, Alabama 36064

We will not process verbal records request; we are a virtual organization. All request forms must be 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.

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

Transcript - \$25.00 (Certified Funds Only)

Diploma Copy - \$15.00 (Certified Funds Only)

New Diploma w/ Cover - \$60.00 (Certified Funds Only)

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

If you are a School/College, or University requesting records on behalf of a student you may forward your request form to our virtual address.

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



Hill & Lowe Educational Services, Inc. d/b/a - Exploratorium Academy

*Up-Dated/Approved for Implementation – May 2014
Dr. Mary Hill Lowe, EdD
President/Superintendent*

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

Contact Information:

Hill & Lowe Educational Services, Inc. d/b/a. Exploratorium Academy

P.O. Box 640571

Pike Road, Alabama 36064

334.279.9700 Virtual Office

334.409.2986 Fax

334.274.9082 Fax

www.hillandlowe.com

marylowe@hillandlowe.com –

President/ Superintendent (Dr. Mary Hill Lowe, EdD)

melvinlowe@hillandlowe.com –

Vice President/Educational Director (Dr. Melvin A. Lowe, III, EdD)

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