



GOLD MEDAL HONORS ACADEMY
Request for Records
(please print/type clearly)

NAME _____ GRADE _____ SOC. SEC. NO. _____

Please send records to the following:

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

SPECIAL INSTRUCTIONS _____

PARENT SIGNATURE _____ DATE _____

Note: All records will be delivered as requested. GMHA will NOT be keeping a copy of these records and is not responsible for any future requests. Signatures are required.

Fee is \$10.00 and must be paid when requesting records. Make check out to JimKata Consultants Inc.

Request is to be mailed to:

JimKata Consultants Inc.
P.O. Box 196877
Winter Springs, FL 32719