✎PROB 14E
(Rev. 2/01)

UNITED STATES DISTRICT COURT
FEDERAL PROBATION SYSTEM

REQUEST FOR EDUCATIONAL DATA

DATE _____

Dear Sir:

The person identified below is under investigation by this office. The information requested is needed to complete this investigation. Your cooperation will be greatly appreciated.

Please return this form within three days in the enclosed envelope. No postage is necessary.

_____
SIGNATURE OF PROBATION OFFICER

ADDRESS OF PROBATION OFFICE	TELEPHONE NO. FAX NO.

NAME OF PERSON BEING INVESTIGATED *(Last - First - Middle)*

ADDRESS OF PERSON BEING INVESTIGATED

DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE

FATHER'S NAME	MOTHER'S NAME

INFORMATION DESIRED

NAME OF SCHOOL	DATE ENTERED	GRADE ENTERED	DATE LEFT	GRADE COMPLETED	GRADE LEFT

REASON LEFT SCHOOL

PLEASE LIST THIS PERSON'S GENERAL RATING AS A STUDENT *(CHECK APPLICABLE RATINGS)*:

ITEM	GOOD	AVERAGE	POOR	ITEM	GOOD	AVERAGE	POOR
SCHOLASTIC STANDING				LEADERSHIP			
ATTENDANCE				RELIABILITY			
BEHAVIOR				COURTESY			
COOPERATIVENESS				ABILITY TO GET ALONG WITH STUDENTS			

DID THE STUDENT EVER TAKE ANY MENTAL OR INTELLIGENCE EXAMINATIONS?
☐ Yes ☐ No

IF "YES," PLEASE SPECIFY TYPE, DATE, AND RATING

ADDITIONAL COMMENTS INCLUDING HANDICAPS, OUTSTANDING ABILITIES, REPETITION OF GRADES, EXTRA CURRICULAR ACTIVITIES, ETC.

SIGNATURE OF OFFICIAL	TITLE	DATE

IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE

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