

Student Records Request

Fill in information and follow guidelines & instructions on "Overview" page

PLEASE PRINT ALL INFORMATION

DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_ (Used in High School)

\_\_\_\_\_ Current (if different)

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last School Attended in District: \_\_\_\_\_

Graduation date: \_\_\_\_\_

ORdropped date: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Records Needed: \_\_\_ Transcript \_\_\_ Immunization  
Mail Requested Record to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

--OR--

FAX to: \_\_\_\_\_  
(to whom & number)

OFFICIAL TRANSCRIPTS must be mailed directly to the requesting agency.

Please allow five business days for processing.

Fees: total of 3 transcripts sent free. Additional transcripts are \$3.00 each.