

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.