



3610 E. Ustick Rd. Caldwell, ID 83605 (208) 454-1997

Student Record Request

Today's Date:	
Students Name:	Phone Number:

Current Student	Grade:	Date of Birth: Last 4 Digits of SSN:	
Former Student	Enrollment Date:	HS Graduate: Y/N Graduation Date:	Date of Birth: Last 4 Digits of SSN:

Records Request: (Please allow 5-10 business days to complete this records requests)

- ☐ **General/Cumulative Student Records**
- ☐ **Unofficial Transcript**
- ☐ **Official Transcript**
- ☐ **Immunization/Birth Certificate**

Processing Instructions:

- ☐ **Mail**
Address To: _____
Mailing Address: _____

- ☐ **Email**
Email Address: _____
- ☐ **In Person Pick Up**

Authorization:

*Student Signature (18+) _____

*Parent Signature (under 18) _____

Printed Name: _____ Date: _____

***NOTE:** Requested records for a student **under the age 18** must be signed by a parent or legal guardian. If the requested records are for a student **aged 18 or older**, the student must sign the form.