



Student Record Request

Date:	Student Name:		
Current Student	Grade:	Date of Birth: Last 4 Digits of SSN:	
Former Student* <small>*Please note that all balances owing must be paid in full before records can be released.</small>	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** Send To (name & 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.