STUDENT RECORDS OFFICE REQUEST FOR RECORDS

RECORDS BEING REQUESTED (CHECK ALL THAT APPLY):

Unofficial transcript	
☐ Immunization record	
☐ Attendance record	
☐ Enrollment history	
☐ Other	
NAME OF STUD	DENT WHILE IN SCHOOL
CURRENT NAME	
BIRTHDATE	LAST SCHOOL ATTENDED
LAST YEAR ATT	ENDED AND/OR YEAR OF GRADUATION
CONTACT NUMBER	
☐ MAIL TO: _	
_	
_	
OR	
☐ FAX TO: _	
OR	
☐ EMAIL TO: _	
OR	
☐ CALL:	WHEN READY FOR PICKUP
SIGNATURE	DATE
_	

THIS REQUEST FORM MUST INCLUDE PHOTO COPY OF VALID PICTURE ID (EXAMPLE; DRIVER'S LICENSE, PASSPORT)