



PARENT/GUARDIAN RECORDS REQUEST FORM

*All requests must be made by a parent/guardian of the student or by the student if he/she is older than 18.
There will be a \$1.00 charge for each copy of requested transcripts.*

Student Name: _____

Student DOB: _____

Name of person making request: _____

Parent/Guardian

Student

Address	
City/State/Zip	
Phone Number	

Records being requested:

- _____ Official Transcript/Report Cards
- Standardized Test Scores
- Health Records
- Other Records _____

Records are for:

- Pickup
- Postal

If postal, please indicate the mailing address below if it is different from the address listed above:

By signing this form, I authorize the transfer/release of these records.

Signature: _____

Date: _____

OFFICE USE ONLY

Fee Due: \$ _____

Finance department authorization: _____

Date: _____

Documents received/sent on: _____

Transcript Fee Paid: Y N

Date: _____