APPLICATION FOR PUBLIC ACCESS TO RECORDS

STUDENT INFORMATION:

MAIDEN (LAST) NAME ____________________________ DATE OF BIRTH: ___________ mm/dd/yyyy

CURRENT FULL NAME ____________________________

NAME OF SCHOOL: ____________________________

LAST YEAR ATTENDED: ____________________________
Example: (1986)

Check appropriate box:

☐ GRADUATE
☐ NON-GRADUATE

SIGNATURE OF STUDENT: ________________________

CURRENT MAILING ADDRESS: ________________________

CITY, STATE, ZIP CODE: ________________________

(Area Code) PHONE NUMBER: ________________________

Would you like a copy of your transcripts mailed to your current mailing address? ☐ YES ☐ NO

Who is requesting your school records?

Please PRINT mailing address AND/OR fax number (below)

Check appropriate box:

☐ OFFICIAL RECORD (with - Board of Education Seal)
☐ UNOFFICIAL RECORD (without - Board of Education Seal)

BUSINESS OR SCHOOL NAME ________________________

STREET ADDRESS ________________________

CITY, STATE, ZIP CODE ________________________

(AREA CODE) FAX NUMBER ________________________

FOR OFFICE USE ONLY

Log In Date: ____________________ ID Verification ____________________

Initials: ____________________ Initials: ____________________

“Putting Children and Families First to Ensure High Academic Achievement for All”