

# Widefield School District 3 Student Information Request

Registrar's Office  
930 Leta Drive  
Colorado Springs, CO 80911  
Phone: 719-391-3556  
Fax: 719-391-3569

### Office Use Only

Date of Request: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

### Education Verification Request:

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Employee Requesting Verification

\_\_\_\_\_  
Company Phone Number

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Reference Number

### To Be Completed By Student

Name used while  
attending WSD3:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix: Jr., I, etc.

Current name if  
different from above:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix: Jr., I, etc.

Date of Birth: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

Last Year of Attendance in  
Widefield School District 3: \_\_\_\_\_

Last School of Attendance in  
Widefield School District 3: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell  Work  Home

Home Address: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### Check Item(s) Being Requested:

Diploma

To receive a new diploma, please mail a \$25.00 check or money order to the above address. For an official transcript, please mail a \$3.00 check or money to the above address. Please make check payable to WSD3.

Immunization Record

Enrollment Verification

Official Transcript

Unofficial Transcript

Other: \_\_\_\_\_

Purpose of Request:  Continued Education  Employment  Personal

Please indicate how this request should be processed:

Email Address: \_\_\_\_\_

FAX: \_\_\_\_\_

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Location

\_\_\_\_\_  
Attention

Hand Carry: \_\_\_\_\_

\_\_\_\_\_  
Person Hand Carrying Requested Information

\_\_\_\_\_  
Relationship To Student

\_\_\_\_\_  
Location Where Information is Going

Mail Request To: \_\_\_\_\_

\_\_\_\_\_  
Location

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Comments: \_\_\_\_\_