



**Longview School District #122
REQUEST FOR STUDENT RECORDS**

Last name: _____ First name: _____ MI: _____

Maiden name: _____ Other former names: _____

Date of Birth: _____ Phone number: _____ School: _____

Requesting: Unofficial Transcript Official Transcript Other (please specify): _____

By signing below, I authorize the release of the record(s) indicated above be sent to: (check all that apply)

Fax: _____ Email: _____ I will pick up

Mail: _____

Name

Company (if applicable)

Address

City, State, Zip

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Records located: yes ___ no ___ Date Sent: _____ Processed by: _____