



Upper Adams School District Records Request Form

Directions:

Please complete the items listed below. Make sure you have marked whether you are picking up your record(s) or if the school is to mail it/them. If the school is mailing your record(s), you will need to include the address(es) where you would like it/them sent. Please keep in mind that if the seal on an envelope containing an official record is broken, the record is no longer considered official. Given the volume of requests that the schools receive, records typically take two weeks to complete.

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Your Name When You
Were A UASD Student: _____ Date: _____

Number of Records Needed: _____ Year of Graduation _____
Or Withdrawal _____
Date Needed: _____ School Name _____
Your Phone # _____

Records Requested:

___ Transcript with Immunization ___ Transcript only ___ Immunization only
___ Replacement Diploma ___ Replacement Certificate of Completion

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My Name and Mailing Address

___ I will pick up my records.
___ Mail my records to me at my home address.
___ Mail my records to the school(s) and/or
business(es) listed below.

*Name of School _____ Name of School _____
Address _____ Address _____

*If you need a transcript as part of the application process for a job, please use the space above for the name and address.

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Signature **Date**
(MUST BE NOTARIZED UNLESS RECORDS ARE MAILED TO AN EDUCATIONAL INSTITUTION)

Notary **Date**