



TRANSCRIPT/RECORDS REQUEST FORM

Please complete and submit this form for: K-8 9-12. By your signature, you are authorizing officials to release all records requested by the indicated person or agency.

<i>I am currently:</i>	
<input type="checkbox"/> A Student	Date Enrolled: _____
<input type="checkbox"/> Graduate	Year Graduated: _____
<input type="checkbox"/> Withdrawn	Date Withdrawn: _____

Student's Full Name: _____

Student's Birthdate: _____ Current Grade: _____
(if applicable)

Telephone #: _____ Email: _____

Address at the time withdrawn: _____
(if applicable)

REQUEST TO RELEASE – Check All That Apply

- Transcript *(applies only for High school credits earned)*
- Report Card
- Standardized Testing
- Immunization Record
- Other _____

REASON FOR REQUEST

(Your request will not be processed without this information.)

REASON FOR TRANSCRIPT/RECORDS REQUEST:

- College Requested
- Coach Requested
- Personal Use
- Application for Summer Program
- Withdrawal from SLCA
- Other _____

The TRANSCRIPT needs to be:

- *OFFICIAL - (will be sent directly to the school or organization)
- UNOFFICIAL (issued to student for personal use)

***OFFICIAL transcripts REQUIRE the following:**

Name of Organization/School to receive transcript/records: _____

Street Address (city/state/zip): _____

Email address (required): _____

I attended some high school elsewhere and/or have taken courses which require additional transcripts: Yes No If yes, I have checked with the school/organization to which I am applying to see if these must be submitted. I understand I am responsible for obtaining or submitting these additional transcripts.

CONSENT

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(18 years and over not required)

FOR OFFICE USE ONLY

Submitted To: _____ Date: _____

Completed By: _____ Date: _____

Email/Mail: _____ Completed By _____ Date: _____

Personal Pick-up/Signature Required: _____ Date: _____