



REPORT CARD REQUEST FORM

Mail or fax this form AND a copy of valid issued Photo I.D. to the office of Student Records.

Name: _____ Date of Birth: _____

Student I.D.#: _____ Last School Attended: _____

Address: _____ City/State/Zip: _____

Phone #: _____ # of copies needed: _____

Please specify what dates you are requesting: _____

Report card(s) are initially to be requested at your student's last known school prior to contacting Student Records Department. Thank you!

Report Card(s) to be sent: Please mark method for delivery.

- a. _____ directly to above address.
- b. _____ to a different address. *(please write address below)*

- c. _____ picked up in person by me.

**Report card(s) should be sent within 5 business days. Additional processing time may be required during final grade processing or because of unforeseen system problems. If you need to follow-up on your request, contact information can be found on the top right of this page. You are also welcome to come in to the District Office to request and/or pick-up report card(s).*

Parent's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ I.D. VERIFIED: _____ INITIALS: _____ DATE PROCESSED: _____