

**REQUEST FOR TRANSCRIPTS**

Name of Person Requesting Record: \_\_\_\_\_

Date \_\_\_\_\_

Contact Information: Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

- Parent/Legal Guardian
- Eligible Student (if over 18 years of age)
- Other (Please specify) \_\_\_\_\_

Student's Name (*while attending school*): \_\_\_\_\_

Maiden Name (*if applicable*): \_\_\_\_\_

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

Name of School Attended/Graduated/Withdrew from: \_\_\_\_\_

Graduation Date or Last Year of Attendance/Withdrawal: \_\_\_\_\_

Address(s) to Mail Transcript(s) to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Mail a \$2.00 remittance (per transcript) to:**  
**Thompson School District**  
**Attn: Student Records**  
**800 S. Taft Avenue**  
**Loveland, CO 80537**

Please make checks payable to Thompson School District R2-J

**(Please allow 72 hours for processing)**

Revised May 20, 2009