



**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.

|                                    |                       |
|------------------------------------|-----------------------|
| <b><i>I am currently:</i></b>      |                       |
| <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 Withdrawn | Date Withdrawn: _____ |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Address at the time withdrawn: \_\_\_\_\_  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:**

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.

Name of Organization/School to receive transcript/records: \_\_\_\_\_

Street Address (city/state/zip): \_\_\_\_\_

Email address (required): \_\_\_\_\_

**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: \_\_\_\_\_