



# FORMER STUDENT RECORDS REQUEST

Student's name while attending school

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

Date of Birth: \_\_\_\_\_  
Month Day Year

School/s Attended:	Years:	Teachers:
<input type="checkbox"/> Bellevue	_____	_____
<input type="checkbox"/> Kawana	_____	_____
<input type="checkbox"/> Meadow View	_____	_____
<input type="checkbox"/> Stony Point Academy	_____	_____
<input type="checkbox"/> Taylor Mountain	_____	_____

Reason for request: \_\_\_\_\_

*If a student attended our district prior to 2006 it is unlikely we will have any digital student files and will need to check the paper archives. Student cumulative folders usually follow the student to their next school of attendance and are rarely kept.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ email: \_\_\_\_\_

Photo ID will be required to pick up your records.

I give permissions for \_\_\_\_\_ to pick up my records.

*A family member of a student under the age of 18, and who is not the parent or guardian of the student, must provide both proof of identification and written consent signed by the parent or guardian, authorizing release to him/her. If the student is over the age of 18, the consent form must be signed by the current or former student. Please allow up to ten (10) business days for processing. Proof of familial relationship may also be necessary, if information confirming the relationship is not present in the student's records.*

School/District Use:  In Person Request  By Phone  By email  By fax  
Date Given/Sent: \_\_\_\_\_:  In Person  By verified fax  By Verified Email