



Valley Court/Community School Records Request

Requestor Information

Name _____

Street Address _____

City, State, Zip _____

Contact Number (____) _____

Relationship to Student _____

Student Information at Time of Enrollment

Name (if different) _____

Date of Birth _____

Last School Attended _____

Last Year Attended _____

Did student graduate from here? YES NO

Student's Current Age _____

YOU MUST PROVIDE A VALID FORM OF PICTURE IDENTIFICATION

RECORDS REQUESTED:

Official Transcript Copy of Diploma Other - Please list: _____

RECEIVE RECORDS BY:

Pick Up _____
NAME/AGENCY

Mail _____
ATTENTION TO

Fax (____) _____ (____) _____
PHONE NUMBER FAX NUMBER

_____ _____
STREET ADDRESS APT #

_____ _____ _____
CITY STATE ZIP CODE

Signature of Requestor

Date

Records will be released upon Administrator approval

MCOE Regulation 5125 – Within five business days following the date of request, a parent/guardian or other authorized person shall be granted access to inspect, review, and obtain copies of student records during regular school hours. (Education Code 49069)

FOR OFFICE USE ONLY

FORM OF PICTURE IDENTIFICATION: Driver's License State ID Other _____

Signature of Receiving Staff Date Name of Receiving Staff Date

OFFICE NOTES: _____