



REQUEST FOR STUDENT TRANSCRIPTS, ACADEMIC AND SPECIAL EDUCATION RECORDS

WCSD6 RECORDS DEPARTMENT
PH: 970-348-6229/FAX: 970-348-6231

Student's Last Name at Time of Attendance:	First Name:	MI:
Current Last Name:	DOB:	Phone#:
	Graduate of WCSD6:	Last Year Attended:

Information being Requested:

Please specify:

Requestor is Responsible for Providing Correct Mailing Address, and/or Fax Number

Check all That Apply: Mail Records, Fax Records, Records Will Be Picked Up 1 ©Š¥ĭ Ÿ

Mail To: School/Agency/ Other: Attn:

Address: City: State: Zip:

Phone: Fax:

I Certify that I am (Check one box corresponding to the applicable statement below)

At least 18 years of age or attending a post-secondary educational institution.

At least 18 years of age or attending a post-secondary educational institution and am releasing my information to the following individual,

Print Name

The parent/legal guardian of the person named above who is under the age of 18 or is not attending a post-secondary educational institution, there are no known legal orders preventing me from having access to these records.

Print Name

The individual authorized to obtain records for the above-named person. WCSD6 Records Department has been provided either a signed release from the above-named person or a Declaration of Dependency Status form.

Print Name

Signature: Date:

Person in Interest/Parent/Legal Guardian

Signature: Date:

Other Authorized Individual

For official Use Only

ID Type/Number Date Picked up/Mailed/Faxed 1 ©Š¥ĭ Ÿ SID:

Compared Photo ID Verified By: