



OUT OF DISTRICT STUDENT RECORDS REQUEST

Student Information

Student's Last Name	Student's First Name	Middle Name	Grade
Student ID #	Date of Birth	Birth Place	Date of Request
Student's Previous Names (If Any)			
Mother/Guardian Last Name	First Name	Middle name	
Father/Guardian Last Name	First Name	Middle Name	

A signed release of records from the parent/guardian must accompany this request.

Previous School Information

Previous School	Withdrawl Year

Records Requested

Select Option
<input type="checkbox"/> Immunizations <input type="checkbox"/> Proof of Age <input type="checkbox"/> Official Transcript <input type="checkbox"/> ESE records <input type="checkbox"/> Verification of Ed <input type="checkbox"/> Other:
Other Notes

