

# Records Request



**Magnolia School District  
Registrar's Office**

1400 High School Drive, Magnolia, AR 71753

Phone: (870) 901-2513

Fax: (870) 626-3222

[Jill.White@MagnoliaSchools.net](mailto:Jill.White@MagnoliaSchools.net)

<b>NAME:</b> _____			
LAST	(MAIDEN)	FIRST	MIDDLE
<b>Birth Date:</b> _____		<b>SSN (Last 4 Digits):</b> _____	
<b>Current Phone Number:</b> _____		<b>Last YEAR of Attendance:</b> <u>19XX OR 20XX</u>	
<b>School Attended:</b> <u>Name of School Attended</u>		<b>Exit Status:</b> <input type="checkbox"/> Graduated <input type="checkbox"/> Withdrew	

**Reason(s) for Request of Student Record:**

- Education
  Employment
  Identification (I.D.)
  Other: \_\_\_\_\_

**Transcript(s) is/are to be:**  Pick up  Mailed  E-mailed

*Please send the indicated documents to the following address:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Official Transcript**  
(Sealed, embossed and bears Registrar's Signature)  
 **Unofficial Transcript**  
(Not sealed, no embossed seal)  
 **Immunizations**

*Please send the indicated documents to the following address:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Official Transcript**  
(Sealed, embossed and bears Registrar's Signature)  
 **Unofficial Transcript**  
(Not sealed, no embossed seal)  
 **Immunizations**

**All requests will be processed within five (5) business days.**

\_\_\_\_\_  
**Signature (required to process request) \***

\_\_\_\_\_  
**Date**

\*When submitting via mail or e-mail, include a copy of your driver's license (or other government issued ID) to establish identity.

<b>Registrar's Office Use Only:</b>	<b>Date Request Received:</b>
<b>Student ID:</b> _____	

First Copy Requested

Second Copy Requested