



Public Charter High School

# ALUMNI RECORDS REQUEST FORM

Complete this form using blue or black ink only. **A copy of your photo ID must be attached to this request.** Requests will be processed according to the following schedule:

Request Submitted	Available for pick-up
Monday, Tuesday or Wednesday	Friday
Thursday or Friday	Wednesday of the following week

### I. Alumni Information (Please print)

Alumni Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Graduation Year: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home  Mobile  Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

### II. Requestor Information (Please print) – To be completed by individual requesting alumni data

Requestor Name: \_\_\_\_\_

Relationship to Alumni (check one):  Self  Parent/Legal Guardian  
 Other: \_\_\_\_\_

I affirm that I am authorized to access the records requested below (see Section III) for the alumni student listed above (see Section I).

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### III. Records Request (check all that apply)

Official Transcript (\$5.00 fee per transcript – paid at time of request) # of copies: \_\_\_\_\_

Pick-up OR  Mail to home address

Verification of Enrollment/Attendance (TMA form)

Other: \_\_\_\_\_

#### FOR SECURITY USE ONLY

<b>DAY RECEIVED</b> (check one):	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	DATE:	____ / ____ / ____
<b>RECEIVED BY</b> (please print):			

#### FOR OFFICE USE ONLY

PROCESSED BY (please print):	DATE: ____ / ____ / ____
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