



ALUMNI RECORDS REQUEST FORM

Public Charter High School

Complete this form using blue or black ink only. **A copy of your photo ID must be attached to this request.** Requests take a minimum of two (2) business days for processing. You will be contacted by phone or email when your request has been processed.

I. Alumnus Information (Please print)

Alumnus Name: _____ Date of Birth: ____/____/____

Graduation Year: _____

Transcript Request Reason
(please select all that apply): College Admissions Scholarship Program Vocational Program Employment

Other: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ - _____ Home Mobile Other: _____

Email Address: _____

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

Requestor Name: _____

Relationship to Alumnus (check one): Self Other: _____

A signed release from the alumnus authorizing the release of information to the requestor must be attached to this form to authorize the release of any information.

Requestor Signature: _____ Date: _____

Phone Number: _____ Email: _____

III. Records Request (check all that apply)

Official Transcript (\$10.00 fee per transcript – paid at time of pick-up) # of copies: _____

Pick-up OR Mail to home address (payment must be made at time of request)

Other: _____

FOR OFFICE USE ONLY

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