

# REQUEST FOR EDUCATIONAL RECORDS



Send completed form to the address listed below.

DATE: _____	DAYTIME TELEPHONE/CELL NO: _____		
NAME: _____	_____	_____	_____
	(LAST)	(FIRST)	(MIDDLE)
			(FORMERLY) (Last name used while in school.)
ADDRESS: _____	APT. NO: _____		_____
CITY: _____	STATE: _____	ZIP: _____	
BIRTHDATE: _____			
<b>I AM REQUESTING TRANSCRIPTS/SCHOOL RECORDS FOR:</b>			
SCHOOL(S): _____	YEAR GRAD: _____		_____
	(or last year attended)		

**→→→ REQUIRED DOCUMENTS TO INCLUDE WITH YOUR REQUEST: ←←←**

1. A COPY OF YOUR DRIVER'S LICENSE OR PICTURE IDENTIFICATION THAT INCLUDES YOUR BIRTHDATE AND SIGNATURE.
2. IF APPLICABLE, YOUR PETITION FOR CHANGE OF NAME AND COURT ORDER CHANGING NAME.
3. IF DECEASED, A COPY OF THE DEATH CERTIFICATE.

THERE IS A <b>\$10.00 FEE PER TRANSCRIPT/RECORD AND/OR A \$30.00 FEE FOR A REPLACEMENT DIPLOMA.</b> PLEASE INCLUDE A CHECK OR MONEY ORDER PAYABLE TO "SEATTLE PUBLIC SCHOOLS" FOR THE TOTAL AMOUNT.	
I AM REQUESTING:	
_____ TRANSCRIPTS/SCHOOL RECORDS: NUMBER OF COPIES OF EACH: _____ X \$10.00 = \$ _____	_____ <b>WALK-IN EXPEDITED SERVICE (AN ADDITIONAL \$10.00)</b> \$ _____
_____ A REPLACEMENT DIPLOMA (\$30.00)	
_____ I am including an additional \$3.50 (total of \$33.50) for a laminated wallet-size copy of my diploma.	
MY CHECK/MONEY ORDER NUMBER _____ FOR \$ _____ IS INCLUDED WITH THIS REQUEST.	
Office Use Only > Received from: _____	

PLEASE SEND SCHOOL TRANSCRIPTS/SCHOOL RECORDS  
OR REPLACEMENT DIPLOMA TO: \_\_\_\_\_

FAX RECORDS TO: ATTENTION (NAME): \_\_\_\_\_  
COMPANY/SCHOOL: \_\_\_\_\_  
FAX NUMBER WITH AREA CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ **(REQUIRED) ←←←** RELATIONSHIP (PLEASE CHECK ONE):  
 SELF  PARENT  LEGAL GUARDIAN

/bs:STDRCRDS:request for educational records.doc, rev: 6/11/08