



Request for Student Records

Student Information:

Student Name:

Previous Name:

Student Birth Date:

Email or phone:

Cost/Type of Student Records:	Number of Items	Amounts
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Transcript		\$15.00
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Additional Transcript s		\$ 5.00 ea
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Diploma		\$30.00 ea
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Middle/Jr. High Record		\$15.00 ea
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Total:

Elementary School Records – archives@seattleschools.org

Additional Information:

Signature

Date

Identity Management – Copies Enclosed:

Copy of Driver's License or Picture ID (with Birth Date and Signature)

If no ID - provide phone number to confirm identity

Copy of Petition for Change of Name and Court Order Changing Name

If Deceased, Copy of Death Certificate or Published Obituary

Sending Instructions: attach additional address sheets if necessary

Mail Only

Fax and Mail

Fax Only

Mail To:

FAX Attention To:

Company/School:

Company/School:

Address:

Fax Number:

Mail Signed Form, Copies and Money To:

Student Records
MS 21-171
Seattle Public Schools
P.O. Box 34165
Seattle WA 98124-1165

Check Money Order
No:

Amt: \$

From: