

SCHOOL RECORD INFORMATION

Date Requested: _____

NAME: First Middle Last (When attended school)

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SCHOOL ATTENDED: _____

GRADUATED? YES OR NO (If YES, what year graduated if NO what was last grade attended?) _____

Drop out: _____, **GED** _____, **Special Education** _____

PHONE NUMBER: _____

ADDRESS: _____

COMMENTS: _____

DRAWER: _____

FILE: _____

COPY MAILED: _____