

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?) _____

PHONE NUMBER: _____

ADDRESS: _____

COMMENTS: _____

DRAWER: _____

FILE: _____

COPY MAILED: _____

***NOTE:** **There will be a \$10.00 charge on all copies for student records effective January 1, 2008.**