

FORMER STUDENT’S APPLICATION FOR SCHOOL RECORDS

Guidelines:

- Type or clearly print in ink all requested information.
- This application must be signed in ink by applicant.

OFFICE USE ONLY

Date SENT

A NAME USED WHILE IN SCHOOL			B CURRENT NAME		
LAST NAME (PRINT)		FIRST NAME	LAST NAME		FIRST NAME
M.I.					
DATE OF BIRTH	TELEPHONE NO.	SS#	ADDRESS		
MOTHER’S NAME		FATHER’S NAME	CITY	STATE	ZIP

B 1st COLLEGE/EMPLOYER CHOICE		
NAME OF PERSON/DEPARTMENT (COLLEGE/EMPLOYER)		
NAME OF COLLEGE/EMPLOYER		
ADDRESS		
CITY	STATE	ZIP CODE

C 2ND COLLEGE/EMPLOYER CHOICE		
NAME OF PERSON/DEPARTMENT (COLLEGE/EMPLOYER)		
NAME OF COLLEGE/EMPLOYER		
ADDRESS		
CITY	STATE	ZIP CODE

D I WOULD LIKE A COPY SENT TO MY HOME ADDRESS	YES OR NO
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I have completed section A, B, C and D accurately. I also understand that this application will be returned to me if it is incomplete.

Applicant’s Signature: _____ Date: _____