

**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

<b>A NAME USED WHILE IN SCHOOL</b>			<b>B CURRENT NAME</b>		
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>B 1<sup>st</sup> COLLEGE/EMPLOYER CHOICE</b>		
NAME OF PERSON/DEPARTMENT (COLLEGE/EMPLOYER)		
NAME OF COLLEGE/EMPLOYER		
ADDRESS		
CITY	STATE	ZIP CODE

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

<b>D I WOULD LIKE A COPY SENT TO MY HOME ADDRESS</b>	<b>YES OR NO</b>
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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: \_\_\_\_\_