

# Transcript Request



PUC  
PREP

A transcript, being confidential information, is not issued without the written request of the student, if they have reached the age of 18. If the student has not reached the age of 18, the parent or legal guardian must request the records in writing.

_____		_____
Student Name		Date of Birth
_____		
Current Address		
_____		
City	State	Zip
_____		
Graduation Date or Last Date Attended		

This is to notify you of your right to receive a copy of the records being requested and a right to a hearing to challenge the contents of these records. Contact the registrar for instructions as to procedures to be followed if you wish to exercise your right in relation to this action.

Please send transcript of credit, cumulative folder, medical records and other pertinent records for the above-named student to the following school:

_____	School
_____	Address
_____	Address

_____	Student Signature:
_____	Parent/Guardian Signature

For Office Use Only:	
Date Records Sent: _____	By whom: _____