

**REQUEST FOR EDUCATION RECORDS**

TO: (Name of school or agency)

Address

City, State, Zip Code

Re:

Date of Birth:

Student ID: (if applicable)

Social Security Number:

Date graduated/Tested:

Other identifying information:

I authorize you to release the information to:

I request: (Check one)

- Full Education Transcript
- Duplicate copy of High School Diploma
- GED Testing report
- Other

Signature

Date

Print your name: