



Glendale Elementary School District # 40 Records Request

Parent/Guardian Name: _____

_____	_____
Full Legal Student Name	Date of Birth
_____	_____
School Student Attended	Last Date/Year Attended
_____	_____
Last Grade Attended	Promoted from 8 th Grade?

Address: _____ Phone Number: _____

I am requesting the following records:

_____ Report Cards _____ Attendance _____ Birth Certificate _____ Test Scores _____ Transcript
_____ Immunizations _____ Geometry/Algebra Test Results _____ Other _____

I am requesting records for: _____ purposes.

*I do hereby acknowledge that I have a legal right to request and received these records. I understand that I am required to provide a valid photo I.D. I understand that if I am not the birth parent, I must provide current and valid proof of custody for the child for whom I am requesting records. I understand that I will be required to sign for all records once they are copied and presented to me. **I understand that a request records will be processed within 5-10 business days of receipt.***

_____ **Parent/Guardian Signature** _____ **Date** _____

For Office Only: _____ Copy of photo I.D. Yes or No

Received by (print name): _____ Date: _____

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Date received records: _____

Parent/Guardian Signature: _____

