



Office Use Only:

PLT: _____

Completed By: _____

Date: _____

Parent/Adult Student Request for Student Records

STUDENT INFORMATION:

Name Used While Attending (first, middle, last) _____

Date of Birth _____

Student ID # _____

RECORD INFORMATION:

Last Year of Attendance _____ or Currently Enrolled ____ School: GLC SBSC

Information Being Requested:

- Most Recent Report Card
- Proof of Withdrawal
- Immunizations
- Age Verification (Birth Certificate)
- Dates of Attendance
- Other: _____

SEND RECORDS TO:

Please checkmark how you would like the records sent:

- Mailed
- Emailed
- Pick-Up (will be notified when available for pick-up)

Name: _____

Address: _____

E-mail: _____

Phone Number: _____

I swear or affirm under penalty of perjury that I am the authorized person to request and receive the records for the above named person.

Note: Records will be completed as soon as possible after receipt of this completed form.

Please fax this completed form to (909) 363-9308 or email to dfavela@gormanlc.org

Printed Name: _____

Date: _____

Signature: _____

Relationship: _____