



<b>Office Use Only:</b>
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 [studentrecords@gormanlc.org](mailto:studentrecords@gormanlc.org)**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_