



DOCUMENT REQUEST FORM

Please check documents that apply:

<input type="checkbox"/> Student Certification	<input type="checkbox"/> Credit Certification
<input type="checkbox"/> Transcripts How many? <input type="text"/>	<input type="checkbox"/> Income Tax Certification
<input type="checkbox"/> Medical Records	<input type="checkbox"/> Report Card Duplicate

Transcripts & Certifications have a cost of \$5 each, Report Card Duplicates \$10 each, and copies of student file or medical records are charged by page at .25¢ each.

Student's Name: _____ Grade: _____ D/O/B: _____
(If person requesting is an alumni, please include the graduation year) Graduation Year: _____

Parent's Name: _____ Phone #: _____
(If person requesting is not the parent, please write your name and sign below)

Requested By: _____ Relationship to the student: _____

Date Requested: _____ Date Needed: _____

Please allow 5 business days for processing documents

Please enter reason for request:

<input type="checkbox"/> Changing School	Where? _____
	Reason: _____
<input type="checkbox"/> Work Transfer	Where? _____
<input type="checkbox"/> Moving	Where? _____
<input type="checkbox"/> Other	Reason: _____

If documents need to be mailed or faxed, please fill the spaces below:

<input type="checkbox"/> Fax	No.: _____
<input type="checkbox"/> E-mail	Address: _____
<input type="checkbox"/> Mail	Address: _____

For Office Use Only: _____ Admission Date: _____

_____ Accounting Department	_____ Date Received	_____ Date Approved
_____ Registrar	_____ Date Received	_____ Date Processed