

Student Records and Transcript Request

Lexington School District Four

Complete the form below to request a copy of student's records. Valid photo identification will be required before releasing records. (Must be faxed or mailed.)

Birth Name _____

Current Name (if different than Birth Name) _____

Date of Birth (mm/dd/yyyy) _____ Contact Number _____

Email Address _____

Last School Attended in Lexington 4 _____

Graduated Year Graduated _____

Withdrew Last Year Attended _____

INFORMATION NEEDED: (check all that apply)

| | |
|--------------------------------------|--|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Test Scores | <input type="checkbox"/> Birth Certificate |

RELEASE INFORMATION TO:

Person / Agency / School _____

Email _____ Fax _____

Address _____

City _____ State _____ Zip Code _____

Signature of Release _____

(Parent of Legal Guardian Required if student not 18 years or older.)

I authorize you to furnish the requested information from my student permanent record folder to the persons or organizations referenced in this request.

NOTES:

1. Records releases for students/former students over 18 will only be released to the student unless the requestor is a legal guardian of a vulnerable adult or has power of attorney.
2. The district reserves the right to charge a reasonable fee for record requests.
3. Student's records will be mailed to individuals. Records will only be sent electronically to government agencies or schools.