



North Lake School District No. 14

57566 Fort Rock Road · Silver Lake · OR 97638 · 541-576-2121 · Fax: 541-576-2705

Parent/ Former Student Records Request

Students Name While Attending School

Last (Maiden)

First

Middle

Date Of Birth _____

Month

Day

Year

Exit Status **Year**

Graduated _____

Withdrew _____

Requesting copies of the following records *(Check all that apply)*

High School Transcript Elementary Record Immunizations

Other *(specify)* _____

Reason for request _____

Send records requested to the following address *(Attach additional addresses)*

I give permission for _____ **to pick up my records.**

Signature (Required)

Date

Contact Phone

Fee may be charged for records consisting of more than 10 pages.

Immunizations not available for former students older than 21