

North Lake School District No. 14

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

Transcript / Immunization record Request

Students Name	e While At	tending S	chool			
Last (Maiden)		_	First		Middle	
Date Of Birth					Exit Status	Year
	Month	Day	Year	[Graduated _	
					Withdrew _	
Requesting cop	pies of the	following	records (Ched	ck all the	at apply)	
High School Tr	anscript [] Ele	ementary Reco	rd \square	Immuniza	tions \Box
Other (specify _						
Reason for req						sses)
I give permission	ı for			to <u>j</u>	pick up my rec	ords.
Signature (Requ	ired)		Date		Contact Pho	one

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

Immunizations not available for former students older than 21