

## 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** First Last (Maiden) Middle Date Of Birth **Exit Status** Year Graduated Day Year Month ☐ 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) Contact Phone Date**

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

Immunizations not available for former students older than 21