



Pride. Performance. Potential.

REQUEST FOR TRANSCRIPT

Office Use Only

Payment \$ _____ Method _____

Mail Date _____

Call Date _____

Fax Date _____

Pick up Date _____

This consent must be signed by a parent or guardian of a minor student or by the student if 18 years of age or older. One of the following forms of ID required: Birth Certificate, Current: Drivers License, State Issued ID card or Passport and a \$5.00 fee per each transcript requested must accompany this form. **It could take up to ten (10) work days to process this request.**

Current Full Name: _____ Birth date: _____

Last Name when attended school (if different from current) : _____

Current Address: _____
Street/Apt/Suite City/State/Zip

Phone # where you can be reached: (____) _____ Email Address: _____

Name of the Battle Creek School last attended: _____

Did student graduate? Yes No Graduation year or year last attended: _____

Name of person or agency to receive document: include address if to be mailed; fax number if to be faxed:

RECORDS REQUESTED:

Transcript of Grades/Credit Other Student Data: _____

REASON FOR REQUESTING THE RECORDS:

School/College Enrollment Employment Driver's License/State ID card

Other (explain): _____

I hereby consent to the disclosure of records requested as described above.

Parent/Guardian or Student Signature Date

NOTICE OF CONDITIONS OF DISCLOSURE

This information is disclosed only on the following conditions. Acceptance of this information constitutes the acceptor's agreement to comply with these conditions:

1. The information is to be used only for the purpose listed on the request.
2. When the information is no longer needed it will be destroyed.
3. If the acceptor is an individual, the information shall not be re-disclosed to any other person
4. If the acceptor is a corporate body, the information will not be re-disclosed to any person outside the requesting office. Use by individuals within that office will be restricted to the purpose for which the information was released.

I agree to the above conditions. _____ Date _____
(acceptor)

Please return signed form to:
Student Services Office
Battle Creek Public Schools
3 Van Buren St W
Battle Creek, MI 49017-3079
(269) 965-9482\