

Archived Records Request Form

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|---|--|-------------------------------------|--------|--------|-----------------|--------|--|
| Date: | | | | | | | |
| Name: | | | Phone: | | | Email: | |
| Maiden Name: | | Name of Student When Enrolled: | | | | | |
| Student Date of Birth: | | School Attended: | | | Years Attended: | | |
| Address: | | City: | | State: | | Zip: | |
| Please check all that apply below: | | | | | | | |
| Transcript Request | | Copy of Diploma | | | Other: | | |
| Call when ready | | Email Records | | | Mail Records | | |
| For Verification Purposes: | | Parent/Guardian Name When Enrolled: | | | | | |
| | | Teacher Name: | | | | | |
| I authorize to release my records to the following business, schools, and/or individuals: | | | | | | | |
| | | | | | | | |
| Signature: | | | | | | | |
| Parent signature required for minors. | | | | | | | |
| Please email a copy of photo ID to studentrecords@bcoe.org after submitting this form. | | | | | | | |
| Photo ID may include student ID, tribal ID, Driver's License, or State ID. | | | | | | | |
| Please call, 530-532-5630 if you have any questions or issues with this form. | | | | | | | |

