

BCOE Schools Student Records Request Form

Date:											
Name:				Phone:			Email:				
Maiden Name:			Name of Student When Enrolled:				Relationship to Student:				
Student Date of Birth:			School Attended:				Years Attended:				
Address:			City:			State:		Zip:			
Please check all that apply below: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Transcript Request Call when ready</td> <td style="width: 33%; text-align: center;">Copy of Diploma Email Records</td> <td style="width: 33%; text-align: center;">Other: Mail Records</td> </tr> </table>									Transcript Request Call when ready	Copy of Diploma Email Records	Other: Mail Records
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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, 530-532-5608 if you have any questions or issues with this form.											

