

Archived Records Request Form

Date:							
Name:			Phone:			Email:	
Maiden Name:			Name of Student When Enrolled:				
Student Date of Birth:			School Attended:			Years Attended:	
Address:			City:			State:	
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, 530-532-5608 if you have any questions or issues with this form.							

