



Student Transcript Request

Bend – La Pine Schools
 520 NW Wall Street, Room 219
 Bend, OR 97701

Fax: 541-355-1059

The request will be completed within 10 school/business days. Return this completed form to the above address, or by mail or fax.
 Note: Items marked as ** are required. If the items marked as ** are not complete the request will not be filled. **Please print.**

Student Information	**Today's Date:	____/____/____ Month Day Year	Date Required By:	____/____/____ Month Day Year <small>** Allow 10 school /business days</small>	
	** Legal Last Name:		** Legal First Name:		
	Email Address:				
	Other name used: (while in school)		** Birth Date:	____/____/____ Month Day Year	
	** Birth City:		** Birth State:		
	Mailing Address:	Address: _____			
	Required if the transcript is being mailed to you.	City: _____ State _____ Zip Code _____			
	** Telephone 1:	____/____-____ Area Code	Telephone 2:	____/____-____ Area Code	
** Bend – La Pine School(s): List the schools last attended in the Bend – La Pine School District.		Last Grade:	Last Year Attended:	Graduate: Yes NO	
		Last Grade:	Last Year Attended:	Graduate: Yes NO	
Delivery Options	** How should the transcript be delivered? (please check V)	<input type="checkbox"/> Pick up (indicate required date above) <input type="checkbox"/> Mail to me at the mailing address above. <input type="checkbox"/> Mail to a company , college or other location. <i>Complete the mail address below.</i> <input type="checkbox"/> Email to me at the above Email Address. <i>Complete the email address above.</i> <input type="checkbox"/> Fax to me at this fax number: Area Code: ____/____-____ <input type="checkbox"/> Fax to the below location Complete the FAX to Location below.			
	MAIL or FAX to location:	Address To (college , company or individual):			
		Mailing Address:			
		City, State, Zip:			
		Fax Number:		Area Code: ____/____-____	

Note: If the student is 18 years of age or older a signature is required. Validation of the signature is required: photocopy of the student's driver's license or other photo ID with the student's signature.

** Student Signature:	
** Student Printed Name:	

Parents or guardians requesting a student transcript may be required to show a driver's license or other photo id. This may be used to verify parent/guardian information on file for the student. Signature is required.

Parent/Guardian Signature:	
Parent/Guardian Printed Name:	

Rev. 11/02/2013	Office Use:	Date Completed _____	Initials: _____
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