



Administration Building
408 South Carroll Avenue
Michigan City, Indiana 46360
Phone: (219) 873-2000
Fax: (219) 873-2002

Transcript Request and Release Form

(Please print all information except for your signature.)

I am requesting access to the education records of: Full Name of Student (please include maiden name / last name when in school)

Birthdate of student: Today's date:

My name (printed):

My relationship to student: Parent Guardian Self

The student is a (please check ONE): Graduate: Year GED Recipient Non-Graduate

Please choose one of the following:

Official Administrative Record (name, address, birthdate, parents' names, grade level completed, grades, health record and attendance record)

Please leave the name and address of the business or college requesting official transcripts in the space below.

Three horizontal lines for providing business or college name and address.

Unofficial Administrative Record (includes name, address, birthdate, parents' names, grade level completed, grades, health record and attendance record)

I will pick up Please mail to this address:

Three horizontal lines for providing address for mail delivery.

Health Record Only (Records are available only for graduates/withdrawn students prior to the 2010-11 school year)

I will pick up Please mail to this address:

Three horizontal lines for providing address for mail delivery.

There is a \$4.00 fee for a copy of a record.

Signature:

Only cash or a money order will be accepted.

No personal checks will be accepted.

There is no fee for a copy of a health record.

Phone Number: