



# REQUEST FOR TRANSCRIPT

### Office Use Only

Payment \$ \_\_\_\_\_ Method \_\_\_\_\_

Mail Date \_\_\_\_\_

Call Date \_\_\_\_\_

Fax Date \_\_\_\_\_

Pick up Date \_\_\_\_\_

E-Mail Date \_\_\_\_\_

This consent must be signed by a parent or guardian of a minor student or by the student if 18 years of age or older. One of the following forms of ID required: Birth Certificate, Valid Driver's License, State Issued ID card or Passport and a \$5.00 fee per each transcript requested must accompany this form. **It could take up to ten (10) work days to process this request.**

Current Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Last Name when attended school (if different from current) : \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt/Suite City/State/Zip

Phone # where you can be reached: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of the Battle Creek School last attended: \_\_\_\_\_

Did student graduate? Yes  No  Graduation year or year last attended: \_\_\_\_\_

Name of person or agency to receive document: include address if to be mailed; fax number if to be faxed  
\_\_\_\_\_

#### RECORDS REQUESTED:

Transcript of Grades/Credit  Other Student Data: \_\_\_\_\_

#### REASON FOR REQUESTING THE RECORDS:

School/College Enrollment  Employment  Driver's License/State ID card

Other (please explain): \_\_\_\_\_

**By my signature, I hereby consent to the disclosure of records requested as described above.**

Parent/Guardian or Student Signature

Date

#### NOTICE OF CONDITIONS OF DISCLOSURE

This information is disclosed only on the following conditions. Acceptance of this information constitutes the acceptor's agreement to comply with these conditions:

1. The information is to be used only for the purpose listed on the request.
2. When the information is no longer needed it will be destroyed.
3. If the acceptor is an individual, the information shall not be re-disclosed to any other person
4. If the acceptor is a corporate body, the information will not be re-disclosed to any person outside the requesting office. Use by individuals within that office will be restricted to the purpose for which the information was released.

I agree to the above conditions. \_\_\_\_\_ Date \_\_\_\_\_

(acceptor)

Please return signed form to:  
Student Services Office  
Battle Creek Public Schools  
3 Van Buren St W  
Battle Creek, MI 49017-3079  
(269) 965-9482