

REQUEST FOR RECORDS
Bloomington Public Schools District 87
PLEASE PRINT ALL INFORMATION

Name at time of attendance _____

Current name _____

Address _____

City/state/ZIP _____

Phone number _____ Fax number _____

Last year in attendance at District 87 _____ **Date of Birth** _____

Status at time of departure from district (please check one)

Graduated _____ **Dropped** _____ **Withdraw** _____ **Transfer** _____

Records requests (please check all needed records)

Transcripts _____ Indication of graduation _____ Immunization/health records _____

Release of records—please send my records to me _____

Send records to the following

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Records will take approximately one week to secure. Your signature below indicates that you are the person named above and are entitled to the records being requested.

Signature _____ Date _____

Mail this form to Bloomington Public Schools, 300 E Monroe, Bloomington, IL 61701 or fax to **(309) 827-5717**, attention **Barbara Feist**. Please allow 1 – 2 weeks for receipt of records.