

REQUEST FOR RECORDS
Bloomington Public Schools, District 87
PLEASE PRINT

Name at time of attendance _____

Current name _____

Address _____

City/State/ZIP _____

Phone Number _____ Fax Number _____

Last year in attendance at D87 _____ Date of Birth _____

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

Graduated _____ Dropped _____ Withdraw _____ Transfer _____

Records requests (please check all records needed)

Transcripts _____ Indication of graduation _____ Immunization/Health Records _____

Release of Records – Please check one:

_____ Please send my records to me

_____ Please send my 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 requested.

Signature _____ Date _____

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

This form must be notarized.

Notary Public

Notary Seal: