



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: _____		Middle Initial or Name: _____													
	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.		<table border="1"> <tr> <td>Last Grade:</td> <td>Last Year Attended:</td> <td>Graduate:</td> </tr> <tr> <td></td> <td></td> <td>Yes NO</td> </tr> <tr> <td>Last Grade:</td> <td>Last Year Attended:</td> <td>Graduate:</td> </tr> <tr> <td></td> <td></td> <td>Yes NO</td> </tr> </table>			Last Grade:	Last Year Attended:	Graduate:			Yes NO	Last Grade:	Last Year Attended:	Graduate:		
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) <div> <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. </div>															
	<table border="1"> <tr> <td rowspan="4">MAIL or FAX to location:</td> <td colspan="2">Address To (college , company or individual):</td> </tr> <tr> <td colspan="2">Mailing Address:</td> </tr> <tr> <td colspan="2">City, State, Zip:</td> </tr> <tr> <td>Fax Number:</td> <td>Area Code: _____ / _____ - _____</td> </tr> </table>				MAIL or FAX to location:	Address To (college , company or individual):		Mailing Address:		City, State, Zip:		Fax Number:	Area Code: _____ / _____ - _____			
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		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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