

Records Request Form

Student Number	
Name	
Date of Birth	
Grad Yr/Last Attended	
Contact Phone Number	
Person Requesting	
Information Needed	<input type="checkbox"/> Official Transcript/ACT <input type="checkbox"/> Unofficial Transcript <input type="checkbox"/> Immunization Records <input type="checkbox"/> Cum File Copy
Other Information Needed	

Addition Request Information: Where would you like it sent?

Agency:
Address:
Fax Number:
Comments:

Signature: _____

Requested Date: _____

Email Request to : emager@ccsd.k12.wy.us
Mail Request to : P.O.Box 3033 Gillette, WY 82717
Fax Request to : 307-687-5955 Attn: Student Records

Completed Date: _____

Initials: _____