



Request for Mailing Records

South Whittier School District is hereby authorized and directed to mail my student records to the following address:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I understand that it is my responsibility to provide a current address and that I run the risk of the recommendation being susceptible to damage of any condition which may encountered in land or air transportation by the Post Office. South Whittier School District will not be liable or responsible for loss, damage or delay caused by events we cannot control (this include/miss-deliver/non-deliver/misinformation by the student or any failure to provide accurate and complete information). I also understand that these copies were provided free of charge and that any future copies of my record will be at a charge, should I need to re-quest copies for any reason or need additional copies.

Print Name

Signature

Date