

**SOUTH WHITTIER SCHOOL DISTRICT
RECORDS REQUEST FORM
11200 TELECHRON AVENUE • WHITTIER • CA 90605**

**Picture ID
Required**

***ALL RECORD REQUESTS WILL BE PROCESSED IN THE ORDER RECEIVED & BY APPOINTMENT ONLY
FOR PICK-UP ***

STUDENT LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

OTHER NAMES USED: _____

DATE OF BIRTH: _____

PARENT / GUARDIAN NAME(s): _____

CURRENT ADDRESS: _____

Number Street Name City Zip code

HOME NUMBER: _____ CELL NUMBER: _____

TYPE OF RECORD(s) BEING REQUESTED (Check all that apply):

Enrollment History

Grades

Registration

Health

IEP - Year(s) _____
(Special Ed. Students only)

Other (Please specify) _____

One(1) set of records will be provided at no charge, additional copies will be at the cost of .20¢ per page. _____ # of copies needed

Please mark off **ALL** the schools, including the grade(s) and year(s), that you attended during your enrollment at South Whittier School District.

<u>SCHOOL NAME</u>	<u>GRADE(S)</u>	<u>SCHOOL YEAR(S)</u>
<input type="checkbox"/> CARMELA ELEMENTARY	_____	_____
<input type="checkbox"/> LAKE MARIE ELEMENTARY	_____	_____
<input type="checkbox"/> LOMA VISTA ELEMENTARY	_____	_____
<input type="checkbox"/> LOS ALTOS ELEMENTARY	_____	_____
<input type="checkbox"/> MONTE VISTA ELEMENTARY	_____	_____
<input type="checkbox"/> MCKIBBEN ELEMENTARY	_____	_____
<input type="checkbox"/> TELECHRON ELEMENTARY	_____	_____
<input type="checkbox"/> GRAVES MIDDLE SCHOOL (Formerly S.W.I.S.)	_____	_____

If you would like to authorize someone over the age of 18 to pick up the records for you, please write their name(s) below.

Person authorized to pick up records (First & Last name): _____

They will need to bring with them a valid Drivers License, California I.D., Passport, or any other type of official I.D., provided that it has a signature and photo I.D. Please sign below to begin the records process and/or to authorize the pick up of records:

Print your full name: _____ Signature: _____ Date: _____