

EISENHOWER HIGH SCHOOL

RECORD'S OFFICE

1321 N. Lilac Ave., Rialto, CA 92376 (909) 820-7777 Ext. 21735 FAX (909) 820-6869



Note: Please be advised that requests may take up to 5 business days for processing.

RECORDS REQUEST FORM

STUDENT INFORMATION: (Please Print)

Name (as it was on school records) _____
Last First Middle Init.

Current Name (if different from above): _____ Date of Birth: _____

Phone Number: () _____ Other: () _____

Please indicate one below:

Graduation Year: _____ or **If not a Graduate**, Last Year Attended: _____ or Current Student

REQUESTED BY:

Self Signature: _____ Date: _____

Other (Written consent accompanied by a picture ID of adult student or minor's parent required)
Name: _____ Signature: _____ Date: _____

REQUESTED DOCUMENTS:

- Immunizations
- Verification of enrollment-Please indicate years needed: _____
- Other: _____

*To request transcripts please request them online at www.parchment.com

*To request a copy of your Diploma please use the Diploma Request Form

FORM OF DELIVERY:

- I will pick-up (Photo ID required)
- Please fax to: Company Name (if any) _____ Attention: _____
Fax Number () _____
- Please mail to: Name of Person/Institution/Agency: _____

Street Address City State Zip

- I authorize the following person to pick up the above-mentioned documents:

(Name of person authorized to pick up your records) *Photo ID is required of the person authorized to pick up documents.

Signature of Authorization Date

IMPORTANT

- A copy of your current ID must be attached to this form. Proof of legal name change is required if name is different from school records.

For Office Use Only: Request received: _____ Records mailed: _____
RUSD # _____
Signature of Person picking-up records: _____ Date: _____