

# 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](http://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)
- 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: \_\_\_\_\_