



1511 GYPSUM • PO BOX 797
SALINA, KS 67402-0797 •
(785) 309-4700
(785) 309-4737 FAX

Request for Student Records

Request Date _____

Person requesting records: _____

Phone Number: _____

Name of Student: _____

Date of Birth: _____

Records Requested:

____ Transcripts Last School Attended ____ Central High School ____ South High School
____ Immunization Records
____ Other (explain) _____

____ Will pick up
____ Fax Number: _____
____ Mail to: _____

Official Copy ____ Yes ____ No

I authorize _____ to pick up my records.
Print name of person picking up

Signature of Student or Parent/Guardian

Date

USD 305 Records Department Signature

Date