

PROGRESSIVE HIGH SCHOOL
REQUEST FOR INFORMATION

Date of request: _____

Name of person requesting information: _____
(Please Print)

Address of requesting person: _____

Phone number: _____

Name of student whose records are requested: _____
(Please Print)

Relationship of requester to student: _____

Please state which records you are requesting:

- | | |
|---|--|
| <input type="checkbox"/> Student transcript | <input type="checkbox"/> Report cards |
| <input type="checkbox"/> TAAS test results | <input type="checkbox"/> VOE for drivers license |
| <input type="checkbox"/> Letter of attendance | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Other(please specify) _____ |

Last date of attendance at P.H.S.: Semester: Fall ___ Spring ___ Year _____

Name and address where records are to be sent: _____

Signature of person requesting information: _____

***Note: Certain records may not be available at the campus, and must be requested from previous campuses or the appropriate office from the central administration building.**

We will have the records requested within 10 school days from the date we receive your written request.

Signature of person delivering records: _____

Date record (s) sent or delivered in person to requester: _____