



**LBSS RECORDS RELEASE FORM**

I request copies of LBSS school records for:

\_\_\_\_\_ **Print Last Name, First Name and Middle Initial of Student**

- Current Student
- Graduated, Year: \_\_\_\_\_
- Withdrew, Year: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

These are my records: \_\_\_ Yes \_\_\_ No, my relationship to this student is:

\_\_\_\_\_

Type of ID presented: \_\_\_\_\_ Phone #: \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Specific records required:

\_\_\_\_\_ Transcript of High School grades

\_\_\_\_\_ Shot Records

\_\_\_\_\_ Most recent IEP

Send Transcripts to:

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**There is a \$5.00 charge per document.**

**Total owed: \$ \_\_\_\_\_ Received: \_\_\_\_\_ Cash \_\_\_\_\_ Check (make payable to LBSS)**

**STAFF: \_\_\_\_\_ Date Sent: \_\_\_\_\_**