

PLEASE READ INSTRUCTIONS CAREFULLY. ONLY A PROPERLY COMPLETED FORM SUBMITTED TO THE SCHOOL DISTRICT WILL BE CONSIDERED A WRITTEN REQUEST.

Section 1 – Student Information

Last Name (on record)	First Name	Middle Initial
Date of Birth	Graduation Year (if applicable)	Check High School Attended: South <input type="checkbox"/> North <input type="checkbox"/>

Section 2 – Requester Information - To be completed and signed by the Requester at the time submitted to the School District’s Child Accounting Office.

Address (Street Name and Number)		
City	State	Zip Code
Telephone Number	E-Mail Address (optional)	
Date (Month/Day/Year)	Requester’s Name	Requester’s Signature X

Section 3 – Inspection, Copying or Certified Copy of Student Record

To Be Completed by the Requester - Please circle the charge applicable to your request.

- | | |
|--|------------------|
| Unofficial (non-certified) copy of transcript
<i>ONLY for students actively enrolled in the school district within the immediately preceding 60 days</i> | NO CHARGE |
| Official (certified) copy of transcript
<i>ONLY for students actively enrolled in the school district within the immediately preceding 60 days</i> | NO CHARGE |
| Unofficial (non-certified) copy of transcript via facsimile, e-mail, regular USPS, or pick-up | \$1.00 |
| Official (certified) copy of transcript | \$6.00 |
| Official (certified) copy of transcript via USPS Priority Mail | \$12.00 |

Other records: _____

Fees for the actual cost of reproducing other records, secretarial time, and postage shall be reasonable and shall follow the same fee schedule as provided for public records.

HOLD FOR PICK UP BY: _____

Section 4 – EDUCATIONAL INSTITUTION INFORMATION

Required for Certified Copies

Institution Name			
Address	City	State	Zip
Attn:	<input type="checkbox"/> – Check here if unofficial fax copy is also requested. Fax #:		

SEND THIS FORM TO: studentrecords@esasd.net or 570-424-7846 (Fax)

Section 5 – OFFICE USE ONLY. To be completed for each written request.

[If request not made on district form, attach request.]

WRITTEN REQUEST RECEIVED: In person Fax E-mail Mail _____
 Date (Month/Day/Year) Initials

RESPONSE: Request Completed Denied No Records Found

Total Fee Paid: \$ _____ PROCESSED: _____
 Date (Month/Day/Year) Initials