

GHC RECORDS REQUEST

COMPLETE THIS SECTION - STUDENT INFORMATION

PRINT

Student's Name as registered at school: _____

LAST

FIRST

Date of Birth: _____ Telephone: _____

CURRENT AND FORMER (after 2013) student graduation year _____

Elementary School Transcript

Middle School Transcript

Immunizations

IEP

I verify that I am the student or parent of a student under 18 years of age whose record is requested by this form.

SIGNATURE: _____ Date: _____