

***Embrace, Inspire and Challenge Every Student Every Day***

1311 Brandywine Boulevard  Wilmington, Delaware 19809-2306 **Kate Shinn**

(302) 793-5000  [www.brandywineschools.org](http://www.brandywineschools.org) *Administrative Secretary & Records Officer*

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| **RECORDS REQUEST FORM** | | | | | | | | | | | | | | | | **Processing Fee $4.00** | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Current Name:** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | **Date of Birth:** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Name at time of attendance:** *(Name change/Maiden Name)* | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **School Attended:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | **Year Graduated/Withdrew:** | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Check One*:*** | | Graduate | | | | | | | Withdrawal | | | | | | | | | | | | | |
| **RECORDS REQUESTED:** | | | | | | | | | | | | | | | | | | | | | | |
| Transcript (OFFICIAL)  *If you are requesting an “Official Copy” of your transcripts: The address must be that of a company, university, college or other like address. If you place your home address on this request you will receive a gold envelope and inside that envelope with be a sealed official copy, which may not be accepted if it is opened.* | | | | | | | | | | | | | | | | | | | Transcript (Un-Official) | | | |
| Health Record | | | | | SAT Scores | | | | | | Special Education Records/IEP | | | | | | | | Other (Please Specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| # of copies requesting: \_\_\_\_\_\_\_\_\_\_  *\*Please Note: The first copy is $4.00 and each copy thereafter is $0.50 per copy.* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **I hereby authorize for the above records to be:** | | | | | | | | | | | | | | | | | | | | | | |
| Mailed to: | | | □ My Home | | | | | □ A School | | | | □ A Company | | | | | | | | | | |
| Company/School/Requestor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Faxed to: | | | | | | | | | | | | | E-Mailed to: | | | | | | | | | |
| Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Signature** | | | | | | | | | | | | | | | | | | | | **Date** | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Home Phone** | | | | | | | | | | **Work Phone** | | | | | | | **Cell Phone** | | | | | |
| Amount Enclosed ($4.00 for first copy/ $0.50 for each additional copy): $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Check | Cash | | | | | Cashier’s Check | | | | | | | | Money Order | | | Other: | | | | | |
| ***We are unable to take credit cards at this time.*** | | | | | | | | | | | | | | | | | | | | | | |