

Records Request Form

Please provide us with your most current information.

Student Name: _____

SS # _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

Birthdate: _____ **Graduation Date:** _____

I hereby request Gasconade County R-1 Schools to forward the following records to the institution or individual listed below:

- ___ **Official Transcript**
- ___ **Student Copy of Transcript**
- ___ **Immunization Record**
- ___ **IEP/Special Ed. Record**
- ___ **Other** _____

___ **MAIL TO:**

School Name: _____

Address: _____

City, State, Zip: _____

___ **FAX TO:** Fax # _____

Student Signature _____

Parent Signature (if student under 18 years of age) _____

Hermann High School Fax # 573-486-3058.