

Bakersfield City School District

Request for Official Student Records

One form per student. Please print clearly.

Student's information: Date of Birth First Name **Last Name** Birth City / State / Country Name of (Bakersfield City School District) School Attended Birth Mother's Legal Name Birth Father's Legal Name Person requesting records: Parent Legal Guardian (Proof of Guardianship required) **Print Name** Address Phone number Alternate/Message Phone Number Signature Date Please allow up to five (5) business days for completion of the request. A staff member will contact you by telephone when the records are ready for you to pick up. NOTE: A photo I.D. is required for picking up records. **OFFICE USE ONLY Records Given: Reason for Records Request:** ☐ Immigration and/or Passport ☐ Attendance Record(s) Replace Social Security Card Year(s) ☐ Discipline Report ☐ Income Taxes Immunization Record Year(s) to verify: ______ Letter verifying ALL years with BCSD Social Security Benefits ☐ Microfiche printout(s) Other: Report Card(s) Year(s) ______ ☐ Transcript(s) Year(s) ______ Other: _____ Records received by: _____

Signature

Date