

Release of Student Records

STUDENT INFORMATION

In order to process your request for records, please complete, sign and return this release to the address below. Upon receipt, the request will be promptly processed within 5-7 days.

Information Systems Phone: (801) 578-8224 Fax: (801) 886-8932 Email: recordsrequest@slcschools.org

Pursuant to the Family Education Rights and Privacy Act of 1974, which required consent for the release of information outside the school, I hereby give consent for the release of the educational records of:

Student's Legal Name while enrolled

Date of Birth

Last SLCS school attended

RELEASE INSTRUCTIONS

This consent of the information to be released is limited to identifying information, (such as name, address, date of birth, sex, etc.), grades, credits, and standardized test results.

Name of school, institution, or individual

Street Address

City, State, ZIP Code

Date of Release

Official transcripts must be obtained from the degree granting school through <https://www.parchment.com>

- Will pick up in person (Unofficial transcript in sealed envelope).
- Please mail by deadline of : _____

PURPOSE OF TRANSCRIPT

- Admission to college/university
- Scholarship application
- Personal use

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Signature of student if student is over 18 years of age

Date