



Office Use Only	
Fee Paid:	_____
Date Paid:	_____
Payment Method:	_____
Processed by:	_____

Request for Student Records

Student Information

Date of Request: _____ Student ID: _____ Last four digits of SSN: _____

Name: _____ Date of Birth: _____

Name on Student Records (if different from above): _____

Address: _____ Work Phone: (____) _____

City/State: _____ Zip: _____ Home Phone: (____) _____

E-mail: _____ FAX: [____] _____

Class Information

	Class Name	Location	Instructor	Enrollment Date	Last Day of Attendance
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Type of Records Requested

Certificate of Completion/Competencies Official Transcripts

Letter of Verification of Attendance/Hours Other: _____

Processing and Delivery

Mail Fax Pick-up E-mail

If the delivery address is to an agency/organization, please complete the following information and the Release of Information form.

Attention: _____

Organization/Person: _____

Address: _____ City/State: _____ Zip: _____

FAX: [____] _____

Note: Allow up to 20 business days for records to be processed. \$20.00 processing fee per document.

Mail or e-mail to: Riverside County Office of Education
 Attn: SCE Registration
 2100 E. Alessandro Boulevard, Riverside, CA 92508
 Phone: (951) 826-4723
 Email: ajaquez@rcoe.us

Authorization

I hereby authorize a release of the confidential records listed above. I further direct that these records be released in the manner listed in this document. I hold the Riverside County Superintendent of Schools harmless for any damages that may arise from the use or misuse of my confidential information by any third party or organization.

Student Signature: _____ Date: _____

Attendance Technician Signature: _____ Date Completed: _____