

Peoples Academy

Graduated/Former Student Records Request Form

Complete section 1 AND either section A or section B. Mail this form to the Peoples Academy Guidance Department at the address below or use the fax # below. Please allow 2 school days processing time from the date of receipt in the Guidance Office.

1. Student Signature: _____ **Date:** _____

- Your Current Name: _____
 First M.I. Last Name Date of Birth
- Your Name while at SHS,
if different than above: _____
 First M.I. Last Name
- Current Mailing Address: _____
 Mailing Street/Town/State/ZipCode
- Preferred Phone Number: _____ Preferred Fax Number: _____

A. Graduated Student: *Year of Graduation:* _____

Information you are requesting: _____

Check one:

Send information to my current address above; Fax it to my number above: or send it to the following:

Name of School/Institution	Mailing Address	Town/City	S T	ZI P	Fax #, if applicable

Please note: Certified transcripts must be sent directly to the school in a dated & sealed envelope or faxed directly to the school you indicate.

B. Former Student: *Years of Attendance:* _____ *Year you had expected to graduate* _____

(This section is for students who attended Peoples Academy, but left *prior* to graduation.)

Information you are requesting: _____

Check one:

Send information to my current address above; Fax it to my number above: or send it to the following:

Name of School/Institution	Mailing Address	Town/City	S T	ZI P	Fax #, if applicable

OFFICE USE ONLY: Date completed form received _____ Date requested fulfilled: _____

Other notes: