

for pick up at Will Call on Thursday
(between 2:00 p.m. to 4:00 p.m.), or have mailed to a designated address.

Requestor: _____ School Attended _____ Contact Phone: _____ Year Graduated: _____ Date: _____

To request/authorize release of student permanent records information, please select from below:

- Transcript Quantity: _____ Immunization Records
 Letter of Attendance* Other: _____

- include name of Livermore schools, school year(s) attended and grade level below.

<i>School Name (ex: Marilyn Elem.)</i>	<i>School Year (ex: 2012-2013)</i>	<i>Grade Level (ex: Kindergarten)</i>

Photo ID Required with Request _____
Verified By _____

- I will pick up Thursday between 2:00 p.m. and 4:00 p.m. _____
Yes/No

- I authorize _____ to pick up my transcript
_____)

Name/School/Agency _____

Address _____

City/State/Zip _____

Fax Number: _____

Student/Legal Guardian Signature _____

