

SIoux COUNTY SCHOOLS

HOME OF THE WARRIORS

435 Kate Street * Harrison, Nebraska 69346 * Phone 308-668-2415 * FAX 308-668-2260
Web Page <https://www.siouxcountyschools.org/>

Brett Gies
Superintendent
bgies@siouxcountyschools.org

Barry Swisher
Principal
bswisher@siouxcountyschools.org

Carrie Edmund
School Counselor
cedmund@siouxcountyschools.org

SCS TRANSCRIPT/ RECORDS REQUEST FORM

DATE: _____

A) Name of Current/ former student requesting transcript/records: _____

Graduation Date (year): _____

Contact Information (in case of questions): phone: _____

The current or former Sioux County Schools student listed above has requested to have a transcript/records sent to the following address or faxed to the following fax number to the following recipient:

B) Name of the recipient: (College, potential employer, etc.) _____

Fax to this number: _____

Send to this address: _____

C) Records requested to be sent: _____

(Attn to: {Admissions Office, for example} _____)

D) By signing this request, I understand I do not hold accountable SCS or staff members for the transmission of this transcript for any reasons.

X

-Signature of former student making transcript request or signature of parent/guardian of minor student

TRANSCRIPT/RECORDS REQUEST MADE PER PHONE CALL BY:

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize the release to the recipient(s) name(s) above {B} of records mentioned above {D}.