

HARRISON SCHOOL DISTRICT 2 Transcript Request Form

Per the Family Educational Rights and Privacy Act (FERPA), we are required to have a written, signed, and dated consent document before education records can be released. To request a copy of your transcripts, please print this form, enter information, and mail or fax to the appropriate department. Be sure to sign this release, as your request will not be processed without a signature. Transcripts **may not** be requested by telephone or email. If you prefer to pick up your transcripts in person, you must present a photo ID. There are no fees for transcript requests.

Please note that most requests are processed within 48 hours; however, please allow up to 5 business days to complete your request. If you have any questions, please contact Grisel Lugo at (719) 579-2554 or Wendy Jackson at (719) 579-2553.

<input checked="" type="checkbox"/> Select appropriate boxes <i>Escoja una opción</i> <input type="checkbox"/> Mail unofficial transcripts to my home address below <i>Enviar por correo a mi domicilio</i> <input type="checkbox"/> Mail official transcripts to the college or organization below <i>Enviar al colegio / organización</i> <input type="checkbox"/> Fax transcripts to the fax number below <i>Enviar por fax al número anotado abajo</i> <input type="checkbox"/> I will pick up my transcripts in person (photo ID required) <i>Recoger mis documentos en persona (identificación requerida)</i> <div style="text-align: right;">Date of Pick Up <i>Fecha que estarán listos</i> _____</div>	<p style="text-align: center;">Mail or Fax Transcript Request To:</p> <p style="text-align: center;">HSD2 Student Support Attn: Registrar 1060 Harrison Rd. Colorado Springs, CO 80905 Fax: (719) 579-2557</p> <p style="text-align: center;">If you graduated after 2000, mail or fax this request to the High School you attended.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> Harrison High School Attn: Registrar 2755 Janitell Rd Colorado Springs, CO 80906 Fax: (719) 538-4832 </td> <td style="width: 50%; border: none; vertical-align: top;"> Sierra High School Attn: Registrar 2250 Jet Wing Drive Colorado Springs, CO 80916 Fax: (719) 579-2506 </td> </tr> </table>	Harrison High School Attn: Registrar 2755 Janitell Rd Colorado Springs, CO 80906 Fax: (719) 538-4832	Sierra High School Attn: Registrar 2250 Jet Wing Drive Colorado Springs, CO 80916 Fax: (719) 579-2506
Harrison High School Attn: Registrar 2755 Janitell Rd Colorado Springs, CO 80906 Fax: (719) 538-4832	Sierra High School Attn: Registrar 2250 Jet Wing Drive Colorado Springs, CO 80916 Fax: (719) 579-2506		

STUDENT INFORMATION		INFORMACIÓN DE LESTUDIANTE	
Current Name (last, first, middle) <i>Apellido, primer nombre</i>		Former or Maiden Name <i>Nombre/apellido de soltera/soltero</i>	
Street Address <i>Domicilio</i>			
City <i>Ciudad</i>	State <i>Estado</i>	Zip <i>Código Postal</i>	Phone # (include area code) <i>Teléfono (incluya código)</i>
Date of Birth <i>Fecha de nacimiento</i>		SSN <i>Número de Seguro Social</i>	
School Attended <i>Cual escuela(s) asistió</i>			
Year of Graduation <i>Año de graduación</i>		Years of Attendance (if you did not graduate) <i>Años que asistió (si no se graduó)</i>	
MAIL MY TRANSCRIPTS TO		ENVIAR POR CORREO A	
College or Organization <i>Colegio o organización</i>		Attention <i>Atención a</i>	
Street Address <i>Domicilio</i>			
City <i>Ciudad</i>	State <i>Estado</i>	Zip <i>Código Postal</i>	Phone # (include area code) <i>Teléfono (incluya código)</i>
FAX MY TRANSCRIPTS TO		ENVIAR POR FAX A	
Fax # (include area code) <i>Número del fax (incluya código)</i>		Attention <i>Atención a</i>	

Signature (required) *Firma (requerida)* _____

Date *Fecha* _____

I hereby authorize Harrison School District 2 to release an official transcript
Autorización para entregar información