



TRANSCRIPT REQUEST

Date _____

Student's Name while attending Littleton Public Schools (Last, First, Middle Initial)			
Date of Birth	Last Littleton Public School Attended	Last Year Attended	Graduated <input type="checkbox"/>
			Withdrew <input type="checkbox"/>
Student's Current Name		Daytime Phone	

<input type="checkbox"/> Transcript	<input type="checkbox"/> ACT/SAT scores	<input type="checkbox"/> Immunization record	<input type="checkbox"/> Special Education records
Send by U.S. Mail to:			
\$ 5.00			

Comments

I authorize the release of my school records, as directed above.

Signature

Mail completed form and \$5.00 to:
Littleton Public Schools
Central Records
5776 S. Crocker Street
Littleton CO 80120