Bloomington Public Schools ISD # 271

Request Form for: Transcript, Immunizations, school records

Name:	e while attending Bloomington Public Schools)
(Full name	e while attending Bloomington Public Schools)
Current Home	e Address:
City, State, Zi	p Code:
Phone Numbe	(Area code)
Data of Birth:	(Area code)
Jate of Birtil.	(required)
School attende	ed:Year of graduation or date last attended:
Signaturo:	Data
hereby grant	permission for Bloomington Public Schools to release my official transcripts to
Address(es) li	sted
radicos(co) II	(legible signature required)
Check one I	I want to pick up my school records *Current photo identification is required to receive transcripts. **Note: Students age 18 and older must request and receive their transcripts themselves. ***attach payment: A fee of \$6.00 is charged for each set of records. Make check or money order payable to ISD #271, cash is also accepted.
or	Wake check of money order payable to 13D #271, cash is also accepted.
	Please mail my school records to the following address(es)
	
Note:	
Note: _	
Note: _	