

Applicant: If you have attended school in the past three years, please fill out this form.

EMPLOYER REQUEST FOR STUDENT TRANSCRIPT

*****TIME SENSITIVE*****

Part 1 COMPANY INFORMATION – to be completed by prospective employer

Job Title _____ **Date Faxed** _____
Company name _____ **Contact Person** _____
Company Address _____ **Telephone No.** () _____
City, State, Zip _____ **Fax No.** () _____

Please copy and fax the following information:

<input type="checkbox"/>	Transcript with classes, grades, attendance and graduation status
<input type="checkbox"/>	Work Keys Scores
<input type="checkbox"/>	Employability Skills Checklist

Part 2 STUDENT/APPLICANT Identification/Release of Information & Authorization

In order to process a request for information from a prospective employer, the School District requests that you provide the following information to ensure that it correctly matches your records to this request. The School District will be releasing the information in this form and the records identified in Part 1 to your prospective employer. You are not required to provide the information requested in Part 2, but if you do not provide it, the School District may be unable to process this request.

***Last Name** _____ **First Name** _____ **MI** _____
 (as listed on school records)
Street Address _____ **City, State, Zip** _____
Telephone No. () _____ **Social Security No.** _____

<u>Schools Attended</u>	<u>City/State</u>	<u>Graduation Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize the above listed school(s) to release school records requested in the checked box(es) in Part 1 of this form to the prospective employer listed above in Part 1. I understand that these records will be reviewed by the identified employer for the purpose of considering my application for employment. My permission for the release of this data will expire one year from the date of this authorization.

_____ Date _____
 Signature of student/applicant

_____ Date _____
 Signature of parent/guardian
 (Required if student/applicant is less than 18 years of age)

Part 3 SCHOOL AUTHORIZATION – to be completed by cited school and faxed to prospective employer listed above

Date Received _____
Records Secretary (Counselor) _____
School District _____
School Name _____
Street Address _____
City, State, Zip _____
Telephone No. () _____ **Fax No.** () _____

<input type="checkbox"/>	Transcript with classes, grades, attendance and graduation status
<input type="checkbox"/>	Work Keys Scores
<input type="checkbox"/>	Employability Skills Checklist