

CORRECTION EDUCATION RECORDS CENTER

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Request For Information

(Please Print - COMPLETE EITHER OPTION #1 OR #2)

Today's Date:	
Facility Name:	
Facility Admit Date:	
Student Name :	
Social Security Number :	
Date of Birth:	
Student's Signature : (I hereby authorize the	collection and exchange of all related information as the completed section below indicates.)
OPTION #1 - TRANSCRIPT REQUEST	Γ – PLEASE PROVIDE NAME OF LAST PUBLIC SCHOOL AND st ANY PLACEMENTS
Name of High School:	
Location:	
Last Date (and grade) of Attendance	D:
*PROVIDE NAME(S) OF ANY OTHER HIGH	H SCHOOLS AND/OR ALL PRIVATE PLACEMENTS (Glen Mills, Abraxas, Vision Quest, etc.)
OPTION #2 - GED REQUEST (G	Complete only if requesting GED test results)
Test Date :	
Test Site/Location :	