



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

**1108 Bissell Avenue
Richmond, CA 94801-3135
Phone: (510) 231-1100**

REQUEST FOR EDUCATION RECORDS

Date: _____

Student's Name: _____ DOB: _____

Last School Attended: _____ Year of graduation: _____

Requesting Agency/Parent: _____

Address: _____

Contact Person: _____ Phone: _____

Fax/Email: _____

Records should be sent by: Mail Will Pick Up

Are you requesting records for Deferred Action: Yes No

Records being requested (please check below):

Educational Records

Transcripts

Other (Please Specify):

By signing below, I certify that I am the parent/guardian, person with educational rights for the student, or is the named student over eighteen years of age. I authorize WCCUSD to release Education records to the above named parties.

Signature: _____ Date: _____

*Picked Up: _____ Date: _____

*Please only sign when records are picked up