



# TRIO Wolf Creek Distance Learning Charter School #4095 Official Transcript Request Form

[www.triowolfcreek.com](http://www.triowolfcreek.com)

Mailing address: 29678 Karmel Ave, Chisago City, MN 55013

Site address: 10363 Liberty Lane, Chisago City

Phone: 651-213-2095 FAX: 651-257-0576

Authorized by: Chisago Lakes Public Schools #2144

*For office use only:*

- E-mailed
- Picked Up
- Faxed
- Mailed
- Could not process
- Bad Fax Number
- Other \_\_\_\_\_

Student records are confidential and governed by the FERPA (Family Educational Rights and Privacy Act) law. Transcripts are issued only at the authorized request of the student or other parties whom are authorized by a signed FERPA consent. Transcript Requests will be processed when an authorized request is received. All written requests require the student signature. Telephone and E-mail requests are not accepted. Allow 2-4 business days for processing. A transcript is a complete copy of the student's academic record. Official transcripts bear the signature of the Dean of Students and bear the TRIO Wolf Creek seal. Many institutions require transcripts be mailed directly from TRIO Wolf Creek to ensure their authenticity. Transcripts may be faxed, mailed, or both per the request of the student.

**STUDENT INFORMATION: Required to identify your record. Please print clearly.**

Name (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_

Previous/Maiden Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Dates attended: \_\_\_\_\_

<p><b>RECIPIENT 1</b> If picking up, mailing or e-mailing to self, write "SELF" below:</p> <p><b>E-Mail Address of Recipient:</b> Print e-mail address and first and last name of recipient and/or receiving school name and department: _____</p> <p><b>Mailing Address:</b> Print name and address of the recipient. _____ _____</p> <p><b>Fax Number:</b> _____ <i>(Only needed if you are requesting a faxed copy.)</i></p>	<p><b>RECIPIENT 2</b> Complete this column to send to an additional address:</p> <p><b>E-Mail Address of Recipient:</b> Print e-mail address, first and last name of recipient and/or receiving school name and department: _____</p> <p><b>Mailing Address:</b> Print name and address of the recipient. _____ _____</p> <p><b>Fax Number:</b> _____ <i>(Only needed if you are requesting a faxed copy.)</i></p>
<p><b>Quantity:</b> _____</p>	<p><b>Quantity:</b> _____</p>
<p><b>Choose Delivery Method:</b></p> <p><input type="checkbox"/> E-Mail</p> <p><input type="checkbox"/> Standard USPS Mail</p> <p><input type="checkbox"/> Pick Up</p> <p><input type="checkbox"/> Fax</p>	<p><b>Choose Delivery Method:</b></p> <p><input type="checkbox"/> E-Mail</p> <p><input type="checkbox"/> Standard USPS Mail</p> <p><input type="checkbox"/> Pick Up</p> <p><input type="checkbox"/> Fax</p>
<p><b>Special Handling</b> (Optional)</p> <p><input type="checkbox"/> Hold for Grades    <input type="radio"/> Fall    <input type="radio"/> Spring    <input type="radio"/> Summer</p>	<p><b>Special Handling</b> (Optional)</p> <p><input type="checkbox"/> Hold for Grades    <input type="radio"/> Fall    <input type="radio"/> Spring    <input type="radio"/> Summer</p>
<p><b>SUBMIT REQUESTS TO:</b></p>	<p><b>Mailing Address:</b> TRIO Wolf Creek 29678 Karmel Avenue Chisago City, MN 55013</p>
	<p><b>Campus Address:</b> TRIO Wolf Creek 10363 Liberty Lane Chisago City, MN 55013</p>
	<p><b>FAX:</b> 651-257-0576 <b>EMAIL:</b> bswanson@wolfcreekhs.org</p>

**STUDENT SIGNATURE:** (required) \_\_\_\_\_ **DATE:** \_\_\_\_\_

I certify that I intend my electronic signature on this Request Form to be the legally binding equivalent of my traditional handwritten signature. By electronically signing this form I give my consent for TRIO Wolf Creek Distance Learning Charter School #4095 to release copies of my transcript to the institutions listed on this document.