



TRANSCRIPT REQUEST

Date _____

Student Name while attending Littleton Public Schools (Last, First, Middle Initial)			
Birth Date	<input type="checkbox"/> Graduated <input type="checkbox"/> Withdrew	School Last Attended	Year Graduated or Withdrew
Requested By		Daytime Phone	

<input type="checkbox"/> Transcript	<input type="checkbox"/> ACT/SAT scores	<input type="checkbox"/> Immunization record	<input type="checkbox"/> Special Education records
Mailing Address			
\$ 5.00			

Comments

I authorize the release of my school records, as directed above.

Signature

Mail completed form and \$5.00 to:
Littleton Public Schools
Central Records
5776 S. Crocker Street
Littleton CO 80120