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

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: _____

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

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.