

Transcript Request
(please allow 10 days for processing)

Date of Request: _____

Student Name: _____ Birth Date: _____

Address: _____

Date Graduated from PCS: _____

I hereby authorize you to release a copy of my transcript to: (Please give complete address)

Parent or Student Signature:

Office Use Only
<input type="checkbox"/> Account balance current
<input type="checkbox"/> Release of Records complete

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Request for Information

(please allow 10 days for processing)

Date of Request: _____

Student Name: _____ Birth Date: _____

Address: _____

Date Graduated from PCS: _____

I hereby authorize you to release a copy of my vaccination records to:

(Please give complete address)

Student Signature: _____

Office Use Only	
<input type="checkbox"/>	Account balance current
<input type="checkbox"/>	Release of Records complete

Request for Information

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