

RECORDS REQUEST

☆ Please allow **3-5 days** for most record requests.



Springdale School District
HAR-BER HIGH SCHOOL

Counseling Center / Registrar's Office

300 Jones Road, Springdale, AR 72762

Phone: (479) 750-8777 ext. 2012 / Fax: (479) 306-4257

<http://springdale.harber.schoolfusion.us/>

Today's date	
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Student name		Birth date		Are you age 18 years or older?	
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Current students →	Grade:	Student ID (same as lunch number):
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Former students →	SSN (last 4 digits):	Current phone:
	Did you graduate from Har-Ber?	Graduation year OR last year of attendance:
	Former name(s) used while at Har-Ber H.S.:	

Records requested:	
General Records (Allow 3-5 days) Transcript (<i>grades and GPA through last semester</i>) <input type="checkbox"/> Copy only <input type="checkbox"/> Official transcript <input type="checkbox"/> Final transcript (<i>after completing senior year</i>) <input type="checkbox"/> Senior rank (<i>available after st semester of senior year</i>) <input type="checkbox"/> Test scores (Circle: ACT, AP, COMPASS, EOC, PSAT, SAT) <input type="checkbox"/> Immunization/Shot records	<input type="checkbox"/> Driving permit form <i>(2.0 GPA required for last semester)</i> Custom Records (Allow 5-7 days) <input type="checkbox"/> Counselor recommendation <i>(An Academic Resume or Request for Recommendation form must be submitted to the counselor.)</i> <input type="checkbox"/> Other _____

Processing instructions:		
<input type="checkbox"/> Pick up: NOTE: Records will not be delivered to you in class. Please pick up records in the Counseling Center.	<input type="checkbox"/> Mail to: _____ _____ _____ _____ Postmark Deadline:	<input type="checkbox"/> Fax to: To: _____ Attn: _____ Fax #: _____ Deadline:

Authorization:	
*Student Signature (<i>if age 18+</i>): _____	
*Parent/Guardian signature (<i>if student is under age 18</i>): _____	
Printed Name: _____	Date: _____
*NOTE: Requested records for a student under the age of 18 must be signed by a parent or legal guardian. If the requested records are for a student age 18 or older , the student must sign the form.	

Please submit the form in one of the following ways: 1.) Fax to (479) 306-4257 2.) Mail to Har-Ber Counseling Center, 300 Jones Road, Springdale, AR 72762 3.) Hand deliver to the Counseling Center at Har-Ber 4.) Scan and email the form. (<i>Please call the school at 479-750-8777 for the email address.</i>)
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