



Tom Rinearson, Superintendent

Mail or fax to:
Lincoln County School District
 Records Department
 1811 NE Arcadia Dr. Bldg. A
 Toledo, OR 97391
 (541) 336-2795
 Fax: (541) 336-2798
Sandy.Kaminga@lincoln.k12.or.us

REQUEST FOR DUPLICATE RECORDS
 (Fill out form completely.)

Date: _____

Print your name as it was in school: _____
Name

Date of birth: _____

Records requested - check all that apply: *Assessed fee(s) must be paid in advance. We do not accept credit or debit cards.*

1. Official Graduate transcript Year graduated: _____ School: _____
Official signed and sealed transcript \$5.00 each. (Check or money order payable to LCSD only.)

2. Unofficial Graduate transcript Year graduated: _____ School: _____
No charge.

3. Non-graduate transcript – *Official charged same as graduate transcript. Unofficial no charge.*
 Please provide:
 Last school attended: _____
 Last year attended: _____

4. Immunization record – Last school attended: _____
 Last year attended: _____

5. All school records available. – Last school attended: _____
 Last year attended: _____

First three pages @ .25 per page; thereafter, .25 per page plus total labor costs.

The signature below certifies my legal authorization for access to the records requested. Parents cannot request records of a child that is 18 years old or older. Legal documentation must be provided for proof of authorization to act on behalf of another.

 Signature Printed Name

 Street or Mailing Address City State Zip Code

(_____) _____
 Area Code and Phone Number E-Mail Address

To be mailed to: _____

Request will be processed on the next working day for the Records Department if you meet the following requirements. Mail or fax request to the address or fax number listed at the top of this form. Official transcript request cannot be faxed. Payment for charges due must be made before your request will be processed.