

Willow Run Community Schools
INFORMATION REQUEST

Please allow up to three-business days for processing of this request.

Name: _____ Phone: _____

Address: _____
Number City, State Zip

E-Mail Address: _____

Information Requested:

Transcripts Complete Educational Record

Year of Graduation: _____ Birth Date _____
Month/Date/Year

Please list all previous names: _____

Payroll Information (Please describe): _____

Personnel File

Employment Verification (Please provide social security number):

Minutes from Board of Education Meeting of: _____
Date of Meeting

Insurance/Benefits Information

Please select how you wish to receive the requested information:

In-Person E-Mail U.S. Mail

Fax To (Provide Fax Number):

I certify I am the person named above (you may be required to show picture identification).

Print Name

Signature

Date

I authorize the release of the information requested on this form to:

In order to release your information to another person, your request must be made in person, or via a notarized signature.

Received by:

Print Name

Signature

Date