

Fayette High School Records Request Form

Please fill out this form completely and allow 7 business days to process your request.

Students Name _____

Date of Birth _____ Social Security Number _____

Phone Number _____ Year of Graduation _____

Indicate which records you need sent:

_____ Transcript

_____ ACT Scores

_____ Health Records

_____ Attendance Records

_____ IEP/Diagnostic Summary/504

Name, Address, Phone #, or Fax # where records should be sent

Signature of Requesting Person (must be requesting person unless 17 years of age or under)

Date of Request _____

Email requests to jshepard@fayetteschool.org; fax to 660-248-2120; mail to Fayette High School, 510 North Cleveland Street, Fayette, MO 65248; or drop by the High School Office