

RECORDS REQUEST



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://har-ber.sdale.org>



Please allow 2-3 days
 for most record requests

Today's date	
--------------	--

Student name		Birth date		Are you at 18 years or older?	
--------------	--	------------	--	-------------------------------	--

Current Students	→	Grade:	Student ID (same as lunch number):
------------------	---	--------	------------------------------------

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 HS:			

Records requested:	
General Records (Allow 2-3 days) Transcript (<i>grades and GPA through last semester</i>) <ul style="list-style-type: none"> <input type="radio"/> Unofficial transcript <input type="radio"/> Official transcript <input type="radio"/> Final transcript (<i>Graduated Seniors</i>) <input type="radio"/> Senior rank (<i>available spring of Senior year</i>) <input type="radio"/> Test scores (<i>Circle: Compass and PSAT</i>) <input type="radio"/> Immunization/Shot records 	
Custom Records (Allow 5-7 days) <ul style="list-style-type: none"> <input type="radio"/> Counselor recommendation <i>(An Academic Resume or Request for recommendation form must be submitted to the counselor)</i> <input type="radio"/> Other _____ 	

Processing instructions:		
<input type="radio"/> Pick Up: NOTE: Records will not be delivered to you in class. Please pick up records in the Counseling Center.	<input type="radio"/> Mail to: (include College Name) _____ _____ _____	<input type="radio"/> Fax to: (include College name and Attention of) To: _____ Fax #: _____ <input type="radio"/> Send Electronic (copy only) to: _____

Authorization:	
Signature : _____	
Printed Name: _____	Date: _____

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) Scan and email the form to the records secretary: bwilson2@sdale.org