



Forrest M. Bird Charter School
OFFICIAL TRANSCRIPT REQUEST FORM

In accordance with 34 CFR 99.30 of the Family Educational Rights and Privacy Act (FERPA), to request an official transcript of all courses you have previously completed and/or transferred to Forrest M. Bird Charter School, please mail, fax or email this completed and signed request to:

Forrest M. Bird Charter School
615 South Madison Avenue
Sandpoint, Idaho 83864
Fax: (208) 763-3196

One of the following email addresses:
benevans@forrestbirdcharterschool.org
christiburns@forrestbirdcharterschool.org
maryjensen@forrestbirdcharterschool.org

Requester's Information

Last Name: _____ First Name: _____
Former Name (if applicable): _____
Street address or PO Box: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Transcript Request

Where would you like a transcript to be sent?

☐ to the **address provided above**

☐ to the following **address**:

Name of Person or Institution: _____

Attn: _____

Street address or PO Box: _____

City: _____ State: _____ Zip: _____

☐ an **electronic document** uploaded or sent to the following:

** the requesting party acknowledges that FBCS cannot guarantee the security of electronic transmission to unaffiliated addresses or platforms*

☐ Common Application (Common App)

☐ National Student Clearinghouse

☐ Other (email or platform): _____

Signature

Requester's signature (required): _____ Date: _____

** If the requested transcript is for a student under 18 years of age, a parent / guardian signature is required.*