



# REQUEST FOR STUDENT RECORDS

## STUDENT INFORMATION

Name (at the time of course completion): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## COURSE INFORMATION

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

## CONSENT TO RELEASE

*In accordance with the Family Education Rights and Privacy Act (FERPA) I hereby authorize Baldy View R.O.P. to release my educational records:*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

DOCUMENT	EXPIRATION TERM*	COST
<input type="checkbox"/> Course Completion Certificate Reprint	Two (2) years from date of issuance	\$10
<input type="checkbox"/> C.P.R. Card Reprint	Two (2) years from date of issuance	\$10
<input type="checkbox"/> Unofficial (Not Sealed) Adult Transcript**	Five (5) years from date of issuance	NONE
<input type="checkbox"/> Official (Sealed) Adult Transcript**	Five (5) years from date of issuance	\$10
<input type="checkbox"/> Coronal Polishing Certificate Reprint	Five (5) years from date of issuance	\$10
<input type="checkbox"/> Radiology Certificate Reprint	Five (5) years from date of issuance	\$10
<input type="checkbox"/> Infection Control Certificate Reprint	Five (5) years from date of issuance	\$10
<input type="checkbox"/> Pit and Fissure Certificate Reprint	Five (5) years from date of issuance	\$10
<input type="checkbox"/> Dental Sealants Certificate Reprint	Five (5) years from date of issuance	\$10

*\*\*Documents beyond their expiration date will not be reprinted.*

*\*\*All ROP classes are documented by student's individual high school. Students needing transcript documentation will need to contact their designated high school.*

*Allow 5-7 business days after request is received to process. Once valid document is issued, requestor will be notified and payment must be made at time of pick up or prior to mailing via U.S. mail. No cash or checks accepted. Make money orders payable to Baldy View R.O.P. No payments will be processed via telephone.*

**SUBMIT REQUEST TO:** Student Records Specialist  
**MAILING ADDRESS:** 2890 Inland Empire Blvd., Suite 100, Ontario, CA 91764  
**CONTACT PHONE:** 909-980-6490, ext. 1234  
**EMAIL:** requestforstudentrecords@bvrop.org

OFFICE USE ONLY		
	DATE	STAFF INITIALS
RECEIVED:		
VERIFIED:		
PROCESSED:		
PAYMENT RECEIVED:		
<input type="checkbox"/> PICK UP – ADMINISTRATIVE. OFFICE <input type="checkbox"/> PICK UP – CTC <input type="checkbox"/> MAIL		