



Student Records Request

RETURN COMPLETED FORM TO:
Baldy View Regional Occupational Program
Attention: Student Records
 1501 S. Bon View Ave
 Ontario, Ca 91761
 Phone: (909) 947-3400 Ext. 1234
 Fax: (909) 947-0921
 requestforstudentrecords@bvrop.org

1. Document Type																		
	Document Type	Expiration Term	Cost															
<input type="checkbox"/>	Affidavit/Form Completion (Attach Form)	N/A	\$10															
<input type="checkbox"/>	Verification Letter	N/A	NO FEE															
<input type="checkbox"/>	Official Adult Education Transcript	N/A	\$10															
<input type="checkbox"/>	Unofficial Transcript	N/A	NO FEE															
<input type="checkbox"/>	Out of District HS Student Transcript <small>NOTE: HIGH SCHOOL STUDENTS WITHIN OUR PARTNERING DISTRICTS SHOULD CONTACT THEIR HIGH SCHOOL FOR TRANSCRIPTS.</small>	N/A	\$10															
<input type="checkbox"/>	Course Completion Certificate Reprint	Two (2) 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															
2. Student Information																		
Student Name (at the time of course completion)		Date of Birth																
Current Mailing Address		City, State, Zip Code																
Phone Number		Email Address																
3. Course Information																		
Course Title		Instructor Name	Dates of Attendance															
4. Send My Record to a Third Party (if applicable)																		
Institution/Agency Name		Address																
Attention/Department		City, State, Zip Code																
5. Consent to Release																		
<p>In accordance with the Family Education Rights and Privacy Act (FERPA) I hereby authorize Baldy View R.O.P. to release my educational records:</p> <p>Sign: _____ Date: _____</p>																		
6. Delivery & Payment																		
<input type="checkbox"/> I plan to pick up my record and pay at that time <input type="checkbox"/> Please mail my record (I will send a money order once I am contacted)		<table border="1"> <thead> <tr> <th colspan="3">OFFICE USE ONLY</th> </tr> <tr> <th></th> <th>DATE</th> <th>STAFF INITIALS</th> </tr> </thead> <tbody> <tr> <td>RECEIVED:</td> <td></td> <td></td> </tr> <tr> <td>PROCESSED:</td> <td></td> <td></td> </tr> <tr> <td>PAID:</td> <td></td> <td></td> </tr> </tbody> </table>		OFFICE USE ONLY				DATE	STAFF INITIALS	RECEIVED:			PROCESSED:			PAID:		
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ALLOW 5-7 BUSINESS DAYS TO PROCESS, REQUESTOR WILL BE NOTIFIED WHEN READY. PAYMENT MUST BE MADE AT TIME OF PICK UP- NO CASH OR CHECKS ACCEPTED, MONEY ORDERS PAYABLE TO BALDY VIEW R.O.P. NO CREDIT CARD PAYMENTS PROCESSED VIA TELEPHONE. EXPIRED DOCUMENTS WILL NOT BE REPRINTED. ADULTS MUST BE CURRENT WITH ALL FINANCIAL OBLIGATIONS IN ORDER TO RECEIVE RECORDS.