

CERTIFICATION of RECORDS Application  
\$10 Fee payable by Cashiers Check or Money Order only.

Home Address

City

State

Zip Code

Home Phone #

- Please mail my Certification of Records to my new School listed below:
- Please mail my Certification of Records to the State Board listed below:

\_\_\_\_\_  
Name of the receiving School or State Board

\_\_\_\_\_  
Address

(This Box is Office Use Only)

\_\_\_\_\_  
File #

\_\_\_\_\_  
Expires

\_\_\_\_\_  
Type

\_\_\_\_\_  
**PRINT Your Name**

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Social Security Number in the boxes, please.

\_\_\_\_\_  
Signature

(This Box is Office Use Only)

Please note: Certifications are not mailed directly to the individual and will only be mailed to the School or State Board specified above.