

**Request for Cumulative Student Records
Holdrege Public Schools**

Holdrege Middle School

505 14th Avenue
PO Box 2002
Holdrege, NE 68949
Phone (308) 995-5421
Guidance Office (308) 995-4974
Fax (308) 995-4970

Please forward **all cumulative student record information**, along with a completed transcript of all work completed at your school, including **all health records** to Holdrege Public Schools at the address indicated above. Please include **Special Education and/or Psychological** confidential files if applicable. If applicable, please send **Withdrawal Grades** and if they were out for sports, a copy of their **Sports Physical**.

Student Information

First Name	Middle	Last	Grade	Birthdate
Previously Enrolled at: <i>(School Name)</i>				
Previous School Address: <i>(complete address including city/state/zip)</i>		Previous School: <i>(please include all information available)</i>		
		Phone	Fax	Email

First Name	Middle	Last	Grade	Birthdate
Previously Enrolled at: <i>(School Name)</i>				
Previous School Address: <i>(complete address including city/state/zip)</i>		Previous School: <i>(please include all information available)</i>		
		Phone	Fax	Email

First Name	Middle	Last	Grade	Birthdate
Previously Enrolled at: <i>(School Name)</i>				
Previous School Address: <i>(complete address including city/state/zip)</i>		Previous School: <i>(please include all information available)</i>		
		Phone	Fax	Email

Parent/Guardian Information

Name				
Address				
City	State	Zip	Phone	
Parent/Guardian Signature:				Date

Holdrege Public Schools

Signature of School Official:	Date
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