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# **CAREER EDUCATION OPTIONS PROGRAM**

## REQUEST FOR RECORDS

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

TO: Registrar, \_\_\_\_\_\_\_\_\_\_\_\_\_High School

FROM: Career Education Options Program

The Career Education Options Program serves 16 – 21-year-olds who left high school without earning a diploma. Students may not be enrolled in high school and the CEO Program simultaneously. Students are advised to thoroughly review their options for completing high school prior to entering the CEO Program.

The student below intends to begin classes with CEO on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has indicated your school as his or her last school of record. Please return this completed form with an official transcript and record of vaccinations to the address below. If school records have been transferred to your district office, please forward this form to the appropriate department. Thank you for your help.

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The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District agrees that the student named below has not completed a high school diploma according to its records. The school district has released said student and ceased state enrollment claims for the student as of stated withdrawal date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Birthdate Last attended Withdrawal date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Designated School Official Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Title Phone Number Date

**\*\*Please send official student transcript and vaccination records.\*\***

CEO Program, Shoreline Community College

16101 Greenwood Ave. N. rm. 5100

Shoreline, WA 98133

206-546-7844/FAX 206-546-5826 request for records.doc