



Steve Boynton, Superintendent

Mail or fax to:  
Lincoln County School District  
Records Department  
1811 NE Arcadia Dr. Bldg. A  
Toledo, OR 97391  
Phone: (541) 336-2795  
Fax: (541) 336-2798  
[Sandy.Kaminga@lincoln.k12.or.us](mailto:Sandy.Kaminga@lincoln.k12.or.us)

**REQUEST FOR DUPLICATE RECORDS**  
**(Fill out form completely.)**

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

**Print your name as it was in school:** \_\_\_\_\_

Date of birth: \_\_\_\_\_

Records requested - check all that apply: *Assessed fee(s) must be paid in advance. We do not accept credit or debit cards.*

- 1. Official Graduate transcript year graduated: \_\_\_\_\_  
School: \_\_\_\_\_  
*Official signed and sealed transcript \$2.00 each. (Check or money order only.)*
- 2. Unofficial Graduate transcript Year graduated: \_\_\_\_\_ School: \_\_\_\_\_  
*No charge.*
- 3. Non-graduate transcript – *Official charged same as graduate transcript. Unofficial no charge.*  
Please provide:  
Last school attended: \_\_\_\_\_  
Last year attended: \_\_\_\_\_
- 4. Immunization record
- 5. All school records available.  
*First three pages @ .25 per page; thereafter, .25 per page plus total labor costs.*

The signature below certifies my legal authorization for access to the records requested. Parents cannot request records of a child that is 18 years old or older. Legal documentation must be provided for proof of authorization to act on behalf of another.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Street or Mailing Address City State Zip Code

\_\_\_\_\_  
Area Code and Phone Number

\_\_\_\_\_  
E-Mail Address

To be mailed to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Request will be processed on the next working day for the Records Department if you meet the following requirements. Mail or fax request to the address or fax number listed at the top of this form. Official transcript request cannot be faxed. Payment for charges due must be made before your request will be processed.*