

# Leola School District #44-2



Bev Myer, Superintendent, Colony Principal  
Brett Flemmer, K-12 Principal, Activities Director  
Kayla Casey, Business Manager  
P.O. Box 350, Leola, SD 57456  
Telephone: 605-439-3142 Fax: 605-439-3206

Please complete and sign this form to request a copy of your high school transcript.

\*Once a student is 18 or in a post-secondary setting, we are required by the Family Educational Rights and Privacy Act of 1974 (FERPA) to have the student's hand-written signature to release the transcript.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Other name used at school (if applicable): \_\_\_\_\_

Student Grad Year: \_\_\_\_\_

I will pick up transcript(s) in person at Leola High School. (Please allow 48 hours notice)

Number of unofficial transcripts requesting: \_\_\_\_\_

Number of official signed and sealed transcripts requesting: \_\_\_\_\_

This request is authorizing Leola High School to:

Fax unofficial transcript to: Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email unofficial transcript to: Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mail transcript to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(A parent may only sign if the student is under 18 years of age)

Return completed form email to:

[Cassie.jager@k12.sd.us](mailto:Cassie.jager@k12.sd.us)

**Leola School District #44-2**

*Working Toward a Stronger Community, One Student at a Time*