



LETTER/RECORDS REQUEST FORM

Student Requesting: _____ **Date of Request:** _____

Student's Phone # _____ **Library Card #** _____

Date Filled: _____ **Date Contacted:** _____ **Date Picked Up:** _____

Staff: Please Initial Under Each

Information Requested in Letter (Check All That Apply):

- Enrollment status Course Schedule Student's Program of Study TABE Scores
- Hours Completed Other: _____ **Number of Copies:** _____

If the request requires a sealed envelope mailed from the Plainfield Public Library please complete the following section:

Address to be sent to: _____

I _____ hereby authorize the Plainfield Public Library to release the above
Student's name

requested records to _____. I further authorize the Plainfield Public
Desired recipient

**Library to respond to information requests, limited to the above information, from the above
mentioned recipient .**

Signature of Student & Date

Signature of Witness & Date

Staff: Please use the back of this form to log notes

**You do not need to reveal to the Plainfield Public Library the purpose for which
you are requesting the above letter or records.**

V.2 11.13.15