



I,

(Student **Name**) hereby request

(Last **high school attended** – include city and state)

to email [yb.bji@bicap.org](mailto:yb.bji@bicap.org) or fax; **HIGH SCHOOL** transcript, immunization records and/or IEP to:

**BI-CAP/YouthBuild** *in partnership with* Cass Lake – Bena School District #115

(Education facility name)

3023 Mill Street NE – County Road 406

(Address)

**Bemidji**

(City)

**MN.**

(State)

**56601**

(Zip Code)

**(218)333-9836**

(Phone number)

**(218)444-9550**

(Fax number)

(Applicant's signature)

(Date)

*Transcript Information:*

This information will be used only to  
Verify the correct identity of the student.

(Your **Name used** on school transcript)

**No**

**Yes**

(**Year** last attended)

Do you have an IEP (Individualized Education Prog.)?

(Date of **birth**)

(**Social Security** last four numbers)

Parent's signature (if applicant is under 21 and living at parents' home)

(Date)

**Note to School personnel:** Please copy this release and return it with the transcript. Keep the original release for your record.