



**PARK CITY**  
SCHOOL DISTRICT

EDUCATIONAL EXCELLENCE

2700 KEARNS BOULEVARD  
PARK CITY, UTAH 84060

435/645-5600  
435/645-5609 FAX

**Park City School District  
Request for Documents**

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**This section to be completed by Requester:**

Today's Date: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Title of Document: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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

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**Name and address where documents are to be sent:**

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

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_