

Please allow at least two (2) business days to process your request.

1. **If the student for whom these records are requested is 18 years or older, the student must sign on the line below. If the student is 17 years of age or younger, the student's parent/guardian must sign below. Identification is required of the responsible party.**

Signature: _____ Date: _____

Relationship to student:

Self Parent Legal Guardian Phone Number: _____

2. **I hereby authorize the Clarke County School District to release records on the following student:**

Last Name: _____ First Name: _____ Maiden: _____

Date of Birth: _____ Year of Graduation/Withdrawal: _____

Last CCSD school attended _____

Status (select one): Graduated Withdrew Current Student

3. **This Release is for the Following Purpose:**

Employment Transfer to another school district College admission/transfer

Other (explain): _____

4. **Information to be Released and Number of Copies:**

Official High School Transcript Immunization Records
 Report Card Other: _____
 Number of Copies: _____

5. **Select a Delivery Method:**

Hold and I will pick up on this date: _____
 Hold and someone else will pick up. Designee: _____ Date: _____
 Mail to: Name: _____
 Address: _____
 City, State, ZIP: _____

FOR INTERNAL USE ONLY: