

GCPS RECORDS REQUEST FORM

Return form via mail, fax, or in person to:

Name: _____

Name while attending a Gwinnett County Public School: _____

Date of Birth: _____

Phone Number: _____

Graduation Date or Withdrawal Date: _____

Description of Records Requested: _____

Number of Copies Requested: _____

I will pick up my transcript/records

I need my transcripts mailed to: (Name and address for mailing)

Please release my records to: _____

(ID REQUIRED)

PRINT NAME: _____

SIGNATURE: _____

Student (if over 18 or attending postsecondary school) or Parent/Legal Guardian

DATE



I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or of the student (if over 18 or attending a postsecondary school).