Request for School Transcripts/Records

Print and complete this form and send to:

137 Dan's Drive

Axton, Virginia 24054

Phone: 276-650-5131

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate type of transcript**: High School Middle School Elementary IEP LPN

**Immunization Record:** Y or N

Number of Copies Requested: \_\_\_\_\_\_\_\_\_ ($2.00 per transcript - **cash or money order** - made payable to Henry County Schools) **NO PERSONAL CHECKS** IEP – cost pending Immunizations – free

Purpose for which the transcript/school record(s) are needed for disclosure:

\_\_\_\_\_\_College \_\_\_\_\_\_Employer/Military \_\_\_\_\_\_DMV \_\_\_\_\_Self \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other

Name while enrolled in HCPS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Current Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN (reference only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Henry County Public School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last year of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate or withdrawal? (Please Circle)

Did you attend the Center for Community Learning? Y or N

Did you attend the School of Practical Nursing? Y or N Did you graduate or withdrawal? (Please Circle)

In accordance with the Family and Privacy Act of 1974, I hereby AUTHORIZE the Henry County School System to Release and Disclose Educational Records for the above purpose:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (VALID ID REQUIRED) Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address (if requesting transcript to be mailed to you):

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

**TO HAVE A TRANSCRIPT MAILED TO A COLLEGE, PLEASE COMPLETE THE SECTION BELOW:**

Name of College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City State Zip Code

**TO HAVE A TRANSCRIPT OR IMMUNIZATIONS MAILED DIRECTLY TO YOU or FOR ANOTHER INDIVIDUAL TO PICK-UP, PLEASE COMPLETE THE FOLLOWING IN THE PRESENCE OF A NOTARY.**

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Notary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary’s Commission Expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Notary Seal affixed. Individual to pick-up records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_