

# 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:** \_\_\_\_\_

**GCPS School last attended:** \_\_\_\_\_

**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).