

GCPS RECORDS REQUEST FORM

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

School Name: Shiloh High School
Attn: Academy Offices or Records
Address 4210 Shiloh Road
Snellville, GA 30039

Phone # (770) 972-8471

Fax # (770) 736-2084

Special ED Fax # (770) 736-4403

Instructions / Reminders

All requests require 48 hours processing time.

Pick up in 2 business days.

All requests are \$5.00-Cash or Money order
"Graduates and Inactive Students"

Records are only kept "1 year" at the home
school after you graduate or withdraw.

After 2 years contact ISC Records Dept.

ISC Phone: (678) 301-6144

ISC Fax: (678) 301-6323

PLEASE PRINT

Student Name: _____ **Grade:** _____ **Student ID #** _____

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 48 hours.

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).