Records Request Permission Form – Clarke County Public Schools

I authorize Clarke County Public Schools to release a copy of my student records as designated below:

□ Immunizations □ Special Ed. Records

□ Other information requested: (Please specify) _____

_____

Name **while attending school**: _____
(Last – Maiden) (First) (Middle)

Present Name: _____
(Last) (First) (Middle)

Date of Birth: _____
Month Day Year

Last Clarke County School attended: _____

Year Graduated: _____ or Year Last attended: _____

□ Records will be picked up

□ I request that a copy be mailed or faxed directly to me:

_____
Mailing Address City State Zip

Fax Number: _____

□ I request that an official copy be mailed or unofficial copy faxed to the following college/business:

Name of College / Business:_____

_____
Mailing Address City State Zip

Fax Number: _____

Signature: _____ Date of Request: _____

Telephone Number: _____