

RECORDS RELEASE FORM

Name:

Last (Maiden)

First

Middle

NAME WHILE ATTENDING SCHOOL: _____

(Please Print)

Date of Birth

Place of Birth

Graduated? ___ Yes

___ No, Last date attended _____

School(s) you are requesting records from.

High School Attended in Fulton County

Year Last Attended

Middle School Attended in Fulton County

Year Last Attended

Elementary School Attended in Fulton County

Year Last Attended

Note: Student Records can only be released via a signed release from the parent/guardian (if student is under 18) or student (18 or older) or a lawfully issued court order or subpoena.

I release the Fulton County Board of Education from any and all liability or damages for supplying the documents requested.

Signature (Student, Parent/Guardian)

Applicant's Present Address and Telephone Number

Complete this section only if your transcript needs to be sent directly to the college, organization, etc.

1-

2-

Name

Name

Street or P.O. Box

Street or P.O. Box

City, State, or Zip Code

City, State, or Zip Code

(For office use only)

Sat Scores? ___ Yes ___ No

Act Scores? ___ Yes ___ No

Picked Up ___ Mailed ___

Date Processed _____ Initials _____

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

Fulton County Board of Education

Records Management Office/Student Records

6201 Powers Ferry Rd NW

Sandy Springs, GA 30339

Office: (470)254-0030 Fax: (866)858-7820

recordsrequests@fultonschools.org