

RECORDS RELEASE FORM

NAME WHILE ATTENDING SCHOOL: (Please Print)

Last (Maiden) First Middle

Date of Birth Place of Birth Race

School Attended in Fulton County Year Last Attended

Graduated? Yes
 No

Name of Parent or Guardian

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 and ZIP CODE

CITY, STATE and ZIP CODE

(For office use only)

SAT Scores? Yes No

ACT Scores? Yes No

Picked Up? _____
Date

Sent? _____

SEND REQUEST TO:

FULTON COUNTY BOARD OF EDUCATION
Records Management Office/ Student Records
2370 Union Rd
Atlanta GA 30331
Office: (404) 346-4382 FAX: (404) 346-4384