

6975 Courthouse Road

Phone: 540-582-3882

Spotsylvania, VA 22551 **SPOTSYLVANIA HIGH SCHOOL**

Fax: 540-582-7825

Transcript Request

Please Note: This is an official request for student records. The information contained in this request should be considered private. Please complete all sections of this form.

Last Name Used When You Were In School: _____

First Name: _____

Middle Name: _____

Current Name: _____

Date Of Birth: _____

Mother's First And Last Name: _____

Father's First And Last Name: _____

Name Of Last Spotsylvania County School Attended: _____

What Was Your Last Year Of Attendance? _____

Did You Graduate? Yes or No (circle one)

What Was Your Mailing Address While You Were In School? _____

What Is Your Current Address? _____

What Is Your Current Phone Number? _____ **What Is Your Current Email Address?** _____

Please include the name and complete mailing address where you would like the transcripts sent. _____

If you would like a transcript for your own records, please check the box. _____

Please note that if you are requesting a copy for your own records this will be an unofficial transcript.

AUTHORIZATION NOTIFICATION:

I hereby authorize the Spotsylvania County Public School to release information concerning my records. I understand that the recipient of the record(s) will use said documents(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other part or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

Signature

Date