



School Records or Transcript Request

Name: _____
Last First Middle

Maiden Name: _____ Date of Birth: _____

Phone Number: _____ Social Security: _____

Last High School attended in Union County: _____

Graduation Year: _____ Non-Graduate check here :

Reason(s) for Request of Student Record:

Employment College ID Birth Certificate Immigration Military

GED Home School Immunization

I authorize Union County Public Schools to release my records.

Signature: _____

Fee - \$13.00 per copy
(cash, check or money order made payable to:
Union County Public Schools)

If records are to be mailed, enter the address for mailing:

Name of Person or School: _____

Address: _____

If you are mailing this form for a transcript, send to:

Union County Public Schools
Attention: LeeVonda Simon
400 North Church Street
Monroe, NC 28112
Phone: (704) 296-9898

OFFICE USE ONLY:
Paid Date: _____
Amount: _____
Copies: _____
Cash: _____ CK# _____ M.O. _____