UNION COUNTY SCHOOLS
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 ______

Records needed for:

College: ______ GED: ______ ID: ______ Job: ______

Immunization Record: ______ Home School: ______ Military: ______

Deferred Action ______

I authorize Union County Public Schools to release my records.

Signature: ____________________________ Date _______________

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 mailing this form for a transcript, send to:

Union County Public Schools
Attention: Rebecca Mills
400 N Church Street
Monroe, NC 28112
Phone: (704) 296-9898
Fax: (704) 289-9182

Office Use Only:

Paid Date: __________________

Amount: __________________

Copies __________________

Cash ____ Ck# ___ M.O. _______