



# 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

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. \_\_\_\_\_