GCPS RECORDS REQUEST FORM	
Return form via mail, fax, or in person to:	
me:	
me while attending a Gwinnett County Public School:	
te of Birth:	
one Number:	
CPS School last attended:	
aduation Date or Withdrawal Date:	
scription of Records Requested:	
Number of Copies Requested:	
I will pick up my transcript/records	
I need my transcripts mailed to: (Name and address for mailing)	
	<u>—</u>
Please release my records to:	
(ID REQUIRED)	
PRINT NAME:	
SIGNATURE:	
Student (if over 18 or attending postsecondary school) or Parent/Legal Guardian	DATE

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or

legal guardian, or of the student (if over 18 or attending a postsecondary school).