

GCPS STUDENT RECORDS REQUEST FORM

SCHOOL CONTACT INFO:

School Name Duluth High
Attn: Student Records Office
School Address 3737 Brock Rd.
School Address Duluth Ga 30096

Phone: 770-232-3322

Fax: 678-442-5165

School Instruction:

***Official/Govt Issued Photo ID Required**

***\$5.00 fee per transcript/student record**

MyPaymentsPlus.com or GoFan.co Allow two (2)
business days to process request.

Office Hours for Records Pick-Up 6:45-2:45

Student Name: _____

GCPS ID: _____ Date of Birth: _____

Is the student currently attending school? YES ☐ NO ☐ Last year attended: _____

Requester Name: _____ Relation: _____

(PHOTO ID REQUIRED)

Requester Phone Number: _____

Requester Email Address: _____

Description of Records Requested: _____

Number of Copies Requested: _____

☐

I will pick up the records

☐

Mail records to: (Name and address for mailing)

☐

Please release my records to: _____

(PHOTO ID REQUIRED AT PICK-UP)

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).