

GCPS STUDENT RECORDS REQUEST FORM

SCHOOL CONTACT INFO:

Mountain View High School
Attn: Student Records Office
2351 Sunny Hill Rd.
Lawrenceville, GA 30043

Phone: 678-407-7680
Fax: 678-407-7665

SCHOOL INSTRUCTION:

Official/Govt Issued Photo ID Required

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

Cash or Money Order ONLY

Allow two (2) business days to process request

Office Hours for Records Pick-Up: 7am - 2:30pm

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).