

AUTHORIZATION FOR RELEASE OF TRANSCRIPT

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WHILE ATTENDING HIGH SCHOOL:

Name _____

DATE OF BIRTH:

**SOCIAL SECURITY
NUMBER:**

NAME OF SCHOOL:

GRADUATION DATE:**DATE OF WITHDRAWAL:**

PLEASE SEND MY TRANSCRIPTS TO:

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RETURN FORM AND FEE TO: ROCKBRIDGE COUNTY SCHOOLS

ATTN: Transcript Request

2893 Collierstown Road

LEXINGTON, VA 24450

PHONE: 540-463-7386

FAX: 540-463-7823

SCHOOL BOARD USE ONLY:

TRANSCRIPT SENT / PICKED UP ON:

VERIFIED BY: _____ **FEE RECEIVED:** _____

***Note: A \$2 fee is charged for the records and must be paid when the request is made. Cash or money orders (made payable to Rockbridge County Schools) are accepted. If paying by cash, please have the exact amount as we cannot make change. NO personal checks will be accepted. Please allow five (5) business days for the request to be honored.**