



P.O. Box 900 • 116 West Beverley Street Staunton, VA 2 4402-0900  
Phone 540-332-3920 • Fax 540-332-3924 www.staunton.k12.va.us

## Request for Records / Transcript

Three (3) business days will be required to fill this request. Records will be released only to the person to whom the records belong and identification will be required.

Today's Date: \_\_\_\_\_

Name on Record: \_\_\_\_\_  
Last First Middle

Current Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ School Attended: \_\_\_\_\_

Year of Graduation OR Year Last Attended: \_\_\_\_\_

Record(s) you are requesting: \_\_\_\_\_

For what purpose are you requesting the records? \_\_\_\_\_

**A \$3 fee is charged for the records and must be paid when the request is made. Cash or money orders are accepted. If paying by cash, please have the exact amount as we cannot make change. NO personal checks will be accepted.**

\_\_\_\_\_ I will pick up the records, please call me when they are ready for pick-up. I understand that photo ID is required. My phone number is \_\_\_\_\_.

**An additional \$1 is charged to mail the records to you - total fee \$4.**

\_\_\_\_\_ Please mail the records to me at the following address. I have enclosed the fee and a copy of photo ID.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature authorizing release of records Date

### STAUNTON CITY SCHOOL USE ONLY

Identification Verified: YES NO

Fee Amount Collected: \_\_\_\_\_

By: \_\_\_\_\_