UNION COUNTY SCHOOLS
SCHOOL RECORDS OR TRANSCRIPT REQUEST

Name: _____
Last First Middle

Maiden Name _____Date of Birth_____

Phone Number_____Social Security # _____

Last high school attended in Union County _____

Graduation Year _____ Non-Graduate check here _____

Records needed for:

College:_____GED: _____ID: _____ Job: _____

Immunization Record: _____ Home School: _____ Military: _____

I authorize Union County Public Schools to release my records.

Signature: _____ Date _____

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Fee - $13.00 per copy
(cash, check or money order made payable to:
Union County Public Schools)

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If records are to be mailed, enter the address for mailing:

Name of Person or School: _____

Address: _____

_____

If mailing this form for a transcript, send to:
Union County Public Schools
Attention: Rebecca Mills
400 N Church Street
Monroe, NC 28112
Phone: (704) 296-9898
Fax: (704) 289-9182

Office Use Only:
Paid Date: _____
Amount: _____
Copies _____
Cash ____Ck# ___M.O._____