

**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: _____

Deferred Action _____

I authorize Union County Public Schools to release my records.

Signature: _____ Date _____

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

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. _____