

TRANSCRIPT REQUEST FORM

ALL INFORMATION MUST BE COMPLETED IN ORDER FOR THIS REQUEST TO BE PROCESSED

A \$5 fee, per transcript, must accompany all requests prior to processing.

Exact cash, check or money orders made payable to CCPS are accepted

Date of Request _____

Name as it was when you were last enrolled in Carroll County Public Schools:

Last/Maiden: _____ First: _____ Middle Name: _____

Name as it is now, (if different than above):

Last/Married: _____ First: _____ Middle Name: _____

Date of Birth: _____ (Month, Day and Year)

High School from which you graduated or withdrew: _____

Year Graduated: _____ OR Year Withdrew: _____

Your current street address: _____

Your current City, State, Zip: _____

Daytime Phone Number: _____ Extension: _____

Home Phone Number: _____

Number of Transcripts Requested: _____

If the transcript will be picked up in person please indicate by whom (Photo Identification is required):

If the transcript is to be mailed please list the address below:

Name / Organization (if applicable): _____

Street Address: _____

City, State, Zip: _____

Authorization Notification

As the individual about whom this information is being requested, I hereby authorize Carroll County Public Schools to release information concerning my records. I understand that the recipient of the record(s) will use said document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

A signed release may serve in lieu of the applicant's signature.

Signature of Person about whom information is being requested
(If person is 18 years of age or older)
An electronic signature shall not be accepted

Signature of Parent/Legal Guardian of above
(If person is under 18 years of age)
An electronic signature shall not be accepted

GRADUATED/WITHDREW PRIOR TO 2004

Mail to:
Carroll County Public Schools
125 N. Court St.
Westminster, MD 21157
Attn: Student Services/Transcripts
Fax: 410-751-3695

GRADUATED/WITHDREW 2004-current year
Contact your former school directly