

PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED.

**CARROLL COUNTY PUBLIC SCHOOLS
TRANSCRIPT REQUEST FORM**

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

A \$5.00 fee per transcript must accompany all requests prior to processing.

We accept cash, check, or money order. Please make check or money order payable to CCPS.

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/Year)

High school from which you graduated or withdrew: _____

If you attended an alternative program, please specify: _____
(ex: Gateway School, Flexible Student Support, External Diploma Program, etc.)

Year Graduated: _____ OR Year Withdrew: _____

Your Current Street Address: _____

Your Current City, State, Zip: _____

Daytime Phone Number: _____

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:

Organization: _____ Attention: _____

Street Address: _____

City, State, Zip: _____

I authorize the release of my records under the Family Educational Rights and Privacy Act of 1974 (FERPA).

Signature of Student

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

Mail completed form and payment to:

**Carroll County Public Schools
125 North Court Street
Westminster, MD 21157
Attn: Student Services / Transcripts**