

**CARROLL COUNTY PUBLIC SCHOOLS
GRADUATE TRANSCRIPT REQUEST FORM**

2006 to Present: Contact Liberty High School 410-751-3560
Prior to 2006: Contact CCPS Student Services 410-751-3145

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

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: _____ Daytime 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 Graduate * A Signed release may serve as authorization in lieu of the applicants signature.*

Graduates Prior to 2006 mail to:
CCPS/Transcript Request/Student Services
125 N. Court Street
Westminster, Maryland 21157

Graduates 2006 to Present mail to:
Liberty High School
5855 Bartholow Road
Eldersburg, Maryland 21784