



# APPOMATTOX COUNTY PUBLIC SCHOOLS

198 Evergreen Avenue  
Appomattox VA 24522  
P-434-352-1746 F- 434-352-0822



## REQUEST FOR INFORMATION FROM CENTRAL OFFICE RECORDS

Name: \_\_\_\_\_

Name attended under if different from above (Maiden): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Did you graduate: \_\_\_ Yes \_\_\_ No  
If yes, what year? \_\_\_\_\_  
If no, what year did you last attend? \_\_\_\_\_

### Information Requested:

\_\_\_ Transcript (Official) For School/College  
\_\_\_ Transcript (For identification; Driver's License, etc.)  
\_\_\_ Other: \_\_\_\_\_

### How would you prefer to receive this information?

\_\_\_ Pick-up\* \_\_\_ Mail \_\_\_ Fax  
**See note \* below.**

If this information is not for you, what is the relationship to the person for whom you are requesting information?  
(Spouse, mother, father, etc.) \_\_\_\_\_

### PLEASE READ THE FOLLOWING BEFORE SIGNING:

If picking up transcript who will designated individual be? (Print name) \_\_\_\_\_

\*Note: Please inform individual picking up transcript that he/she may be asked to show ID.

- **Please allow 5-7 business days for transcript and record requests from all school locations.**

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR CENTRAL OFFICE USE ONLY

Date of release of information: \_\_\_\_\_

Released by: \_\_\_\_\_