

Coweta County Board of Education
COMMITTED TO STUDENT SUCCESS

RECORDS CENTER REQUEST

The following information is required to assist in locating the requested record. Please complete and return this form to the above address.

*** Please note that to process a request the Records Center will have 3 business days to respond***

Please print full name (include maiden/others) as used in school:

Table with 4 columns: Last Name, First Name, Middle Name, Maiden or Other

Educational Verification:

Table with 4 columns: Year of Graduation, Name of High School, Year of Withdrawal, Last Coweta County School Attended

Date of Birth:

Date of Request:

Table with 7 columns: Month, Date, Year, (blank), Month, Date, Year

Student/Parent: A processing fee of \$3.00 must be received on the date of the request for each official copy of a student's transcript(s)/record(s). (Cash/Money Order/Cashiers Check only) No personal checks, no debits, and no credit cards.

Business/Agency: A processing fee of \$5.00 must be received on the date of the request for educational verification and/or employment verification. (Business Check/Money Order/Cashiers Check only)

Number of copies requested:

Please provide name, address, and telephone # of the agency/person to receive the requested records.

Form with two columns for agency/person information, labeled (1) and (2)

Must present proof of identification: Picture ID (Driver's License, Employment ID Badge, Passport, State ID) (Attach a copy of your ID when mailing this request).

Signature of authorized person (student if 18 or older), otherwise parent/guardian:

Name of the authorizing person (print):

Telephone number of the authorizing person (include area code):

Current mailing address of the authorizing person:

Street / P.O. Box City State Zip Code

DO NOT WRITE BELOW THIS LINE.

FOR RECORDS CENTER USE ONLY

Proof of Identification: Driver's License (attach copy) State ID (attach copy) Employment ID (attach copy) Passport (attach copy)

Carried by Hand: Date: Fax to: Date: Mailed to: Date:

Amount Paid: \$ () Cash () Money Order () Cashiers/Business Check () Fee exemption (Government / State / Educational Institute)