

GCPS STUDENT RECORDS REQUEST FORM

SCHOOL CONTACT INFO:

SHILOH HIGH SCHOOL
Attn: Student Records Office
4210 Shiloh Road
Snellville, GA 30039
Phone #: 770-736-4598
Fax #: 678-442-5134
Special ED Fax #: 770-736-4403
Email: esther.e.cade@gcpsk12.org

FORM INSTRUCTIONS:

Official Govt Issued Photo ID Required
***\$5.00 fee per transcript/student record**
Payment through My Payments Plus ONLY
Allow two (2) business days to process request
Email completed form to: esther.e.cade@gcpsk12.org

Student Name: _____

GCPS ID: _____ Date of Birth: _____

Is the student currently attending school? YES NO Last year attended: _____

Requester Name: _____ Relation: _____

(PHOTO ID REQUIRED)

Requester Phone Number: _____

Requester Email Address: _____

Description of Records Requested: _____

Number of Copies Requested: _____

I will pick up the records

Mail records to: (Name and address for mailing)

Please release my records to: _____

(PHOTO ID REQUIRED AT PICK-UP)

PRINT NAME: _____

SIGNATURE: _____

Student (if over 18 or attending postsecondary school) or Parent/Legal Guardian

DATE

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or of the student (if over 18 or attending a postsecondary school).