

RECORDS REQUEST FORM

Return form via mail, fax, or in person to:

Gwinnett County Public Schools
Office of Student Records
437 Old Peachtree Road, NW
Suwanee, GA 30024

Phone: 678-301-6144
Fax: 678-301-6323

- * Window Hours:
M, W, F 8:30 am - 4:00 pm
- * \$5.00 Fee per Transcript
- * Cash or Money Order ONLY
- * Official Picture ID Required
- * Allow two (2) business days to process request
- * **All Incomplete Requests will be Returned**

Name: _____

Name while attending a Gwinnett County Public School: _____

Date of Birth: _____

Phone Number: _____

GCPS School last attended: _____

Graduation Date or Withdrawal Date: _____

Description of Records Requested: _____

Number of Copies Requested: _____ (\$5.00 per transcript)

I will pick up my transcript/records (48 hour processing time)

I need my transcripts mailed to: (Name and address for mailing)

Please release my records to: _____
(ID REQUIRED)

PRINT NAME: _____

SIGNATURE: _____
(AUTHORIZED PERSON RECEIVING RECORDS) 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).