



# LONG COUNTY HIGH SCHOOL

1844 GA HWY 57  
LUDOWICI, GA 31316

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

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

\*\*Last name as it appears on school records (if different from above): \_\_\_\_\_

Did you Graduate? Yes or No      Last year of attendance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

**\*There is a \$5.00 processing fee (per record) for all students who are not currently enrolled at LCHS.**

Date of Request: \_\_\_\_\_ Signature: \_\_\_\_\_

### Type of record requested:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Transcript        | <input type="checkbox"/> Social Security Card           | <input type="checkbox"/> Attendance Record            |
| <input type="checkbox"/> Immunization      | <input type="checkbox"/> Enrollment Verification Letter | <input type="checkbox"/> Eye, Ear, Dental Certificate |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Discipline Record              | <input type="checkbox"/> Other: _____                 |

How would you like us to process this request:     Mail     Fax     I will pick up

<p>For Transcripts:</p> <p>College/University Name: _____</p> <p>Mailing Address: _____</p> <p>City and State: _____</p> <p><b>OR</b></p> <p>Personal Mailing Address: _____</p> <p>City and State: _____</p> <p><b>OR</b></p> <p>Agency and Fax Number: _____</p>
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To be completed by office staff:

**\$5.00 Applicable fee**

Date Mailed: \_\_\_\_\_

Initials: \_\_\_\_\_

Paid: \_\_\_\_\_

Date Faxed: \_\_\_\_\_

Initials: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_