cmcss
The Defining Difference

REQUEST FOR: TRANSCRIPT ☐ IMMUNIZATION RECORD ☐

Name: _____
First Middle (Maiden) Last

_____ _____
Date of Birth Daytime Phone #

_____ _____ Graduate? ☐ Yes ☐ No
Last School Attended Last year of attendance

☐ **FAX-**
Name of Recipient: _____ Fax #: _____

☐ **MAIL-**
Name/Organization: _____

Address: _____
Street City, State Zip

Note to Applicant-
Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain States require that written permission be granted for the release of academic records by high schools. When a student becomes 18, the permission or consent required of and rights of the parents shall therefore be required of the student. There is a **$2 fee** per transaction. CMCSS accepts cash or money order made payable to CMCSS. Please sign the form below consenting that you have read and understand the above statement.

_____ _____
Signature Date

FOR OFFICE USE ONLY- ***Date Received:*** ***Date Processed:***