NEWPORT NEWS PUBLIC SCHOOLS
REQUEST FOR SCHOOL TRANSCRIPTS/RECORDS

COMPLETE AND SIGN THIS FORM. AN OFFICIAL COPY OF YOUR SCHOOL RECORD CAN BE HAND-CARRIED OR MAILED TO THE INSTITUTION/AGENCY OF YOUR CHOICE.

TODAY’S DATE: ____________________________

NUMBER OF COPIES REQUESTED: ________ ($2.00 PER REQUEST; CASH OR MONEY ORDERS ONLY)

PURPOSE FOR WHICH THE TRANSCRIPT/SCHOOL RECORD(s) ARE NEEDED FOR DISCLOSURE:

_____COLLEGE     _____EMPLOYER/MILITARY     _____UNOFFICIAL RECORDS FOR ENROLLMENT

_____DMV     _____SELF     _____________________________________ OTHER

NAME: __________________________________________ ( _____________________________ ) __________________________

Last         Maiden         First         MI

DATE OF BIRTH: ___________________________      CURRENT PHONE # ___________________________

LAST NNPS SCHOOL ATTENDED: ___________________________      DID YOU GRADUATE? ____________

DID YOU ATTEND POINT OPTION/ DEER PARK/ OTHER ALTERNATIVE SCHOOL? ___________________________

DID YOU ATTEND NIGHT CLASSES? ___________________________

In accordance with the Family Rights and Privacy Act of 1974, I hereby AUTHORIZE the Newport News Public School System to Release or Disclose Educational Records for the above purpose:

SIGNATURE: ____________________________________________ (STUDENT/PARENT/GUARDIAN)

VALID ID REQUIRED

TO HAVE TRANSCRIPT MAILED, COMPLETE THE SECTION BELOW:

SSN (reference only): ___________________________

ADDRESS: ___________________________________________

________________________________________________________________________________________

City        State        Zip Code

FOR OFFICE USE ONLY

RECORD LOCATED: YES: _______ NO: _______

CR CLERK: ___________________________

DATE: ___________________________ MAILED ___________________________ PICKED UP: ___________________________

CASH __________ CHECK __________ MONEY ORDER __________ NO CHARGE __________

Central Records 04/02