## **AUTHORIZATION FOR RELEASE OF TRANSCRIPT**

<b>CURRENT INFORMATION:</b>	Name				
		last	first	middle	
	I none runno	CI()			
WHILE ATTENDING HIGH SCHOOL:	Name	last	firet	middle	
		iast	mst	mudic	
DATE OF BIRTH:					
SOCIAL SECURITY NUMBER:					
NAME OF SCHOOL:					
GRADUATION DATE:					
DATE OF WITHDRAWAL:				_	
PLEASE SEND MY TRANSCRII	PTS TO:	NAME			
ILEASE SEND WII TRANSCRII					
	AL				
SIGNATURE:		D	OATE:		
RETURN FORM AND FEE TO:	ROCKBRIDGE COUNTY SCHOOLS ATTN: Transcript Request				
	2893 Colliers				
	LEXINGTON PHONE: 540				
	FAX: 540-46				
SCHOOL BOARD USE ONLY: TRANSCRIPT SENT / PICKED	IIP ON:				
	IFIED BY: FEE RECEIVED:				
· DATE IND DI ·					

\*Note: A \$2 fee is charged for the records and must be paid when the request is made. Cash or money orders (made payable to Rockbridge County Schools) are accepted. If paying by cash, please have the exact amount as we cannot make change. NO personal checks will be accepted. Please allow five (5) business days for the request to be honored.