



OFFICE OF STUDENT RECORDS

864 Broad Street - 1st Floor

Augusta, Georgia 30901

Phone: 706-826-1000 or 706-826-1129 • Fax: 706-826-4625

www.rcboe.org

Form B - Authorization to release information - \$10 Fee Required per Transcript

Money Order Only for mailed request - Money Order or Cash Only for in-person requests NO

PERSONALCHECKS.

Include picture ID only for mailed requests

I, the undersigned, am eighteen (18) years of age or older. I understand that the information contained in my school record is confidential and will be released to nonschool persons only upon my authorization. I further understand that there is a fee of \$10 for each released transcript, which must be paid with money order prior to any release of my records.

I agree to these conditions and do hereby grant permission for school officials to release information from my cumulative record to the following individuals, agencies, and/or institutions (must include complete address):

1. _____

2. _____

3. _____

****THE FOLLOWING INFORMATION IS REQUIRED****

Print Legal Name of Student
(as it appears on Student Record)

Married Name (if applicable)

Social Security Number

Date of Birth

High School Graduated from or attended

Year Graduated of Left

Student's Signature

Daytime Phone Number

Alternate Phone Number

Witness (School Official)

Position of School Official

School/School Office

Date Received