



For Office Use Only:

REQUEST FOR SCHOOL TRANSCRIPTS/EDUCATIONAL RECORDS

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

TODAY'S DATE: _____

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

TYPE OF RECORD TO BE RELEASED:

Transcript _____ H & I _____ Cumulative _____ Special Educ _____

PURPOSE FOR WHICH THE EDUCATIONAL 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: _____

LAST SCHOOL YEAR ATTENDED: _____ DID YOU GRADUATE? _____

DID YOU ATTEND NIGHT CLASSES? _____

DID YOU ATTEND AN ALT/VOC SCHOOL (PT OPTION/ENTERPRISE ACAD/DEER PK/JACKSON ACAD/PMI/NEW HORIZONS/ADULT EDUC/GED-ISAEP – IF SO WHERE? _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) 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 (used for reference only when mailing to a College/University/Trade School): _____

ADDRESS: _____

City State Zip Code

FOR OFFICE USE ONLY

RECORD LOCATED: Yes _____ No _____ CR Clerk _____

TYPE OF RECORD RELEASED: Transcript _____ H & I _____ Cumulative _____ SPED _____

DATE _____ MAILED _____ PICKED UP _____

CASH _____ CHECK _____ MONEY ORDER _____ NO CHARGE _____