

# REQUEST FOR RELEASE OF PERSONALLY IDENTIFIABLE STUDENT RECORDS INCLUDING COPIES

**There will be a \$3.00 processing charge for each transcript.**

Mail request and payment to: Tuscola High School  
564 Tuscola School Road  
Waynesville, NC 28786  
Attention: Registrar

## MUST SHOW PHOTO ID TO PICK UP IN PERSON

Name \_\_\_\_\_  
First Middle (Maiden) Last

Mailing Address \_\_\_\_\_  
Street City State Zip

\_\_\_\_ (x) Mail personal copy of records to the above address

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Last School Attended \_\_\_\_\_

Last Grade Attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Requested Records/ information to be released:

\_\_\_\_ (x) Transcripts      \_\_\_\_ (x) Immunization Records      \_\_\_\_ (x) Other:  
\_\_\_\_ (x) Birth Certificate      \_\_\_\_ (x) Graduation Verification

Reason for Request:

\_\_\_\_ (x) College      \_\_\_\_ (x) Job      \_\_\_\_ (x) Military  
\_\_\_\_ (x) Identification      \_\_\_\_ (x) DSS      \_\_\_\_ (x) Other:

Date of Request: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Person(s) or Agency to whom the Record is to be released: (ex: name of college, spouse, or child)

Address \_\_\_\_\_  
Street City State Zip

\_\_\_\_ (x) Mail official copy of records to the above address

I hereby give my consent and authorize the release of information on my permanent school records or my child's permanent record identified above to the person/agency named above.

Signature: Student/ Parent/ Guardian/ Family Member (If Under 18)

Date

For questions contact Tuscola High School at: (828) 456-2408