

**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