

CHARLES COUNTY PUBLIC SCHOOLS  
STUDENT SERVICES – TRANSCRIPTS  
5980 RADIO STATION ROAD  
PO BOX 2770  
LA PLATA, MARYLAND 20646  
Fax No. 301-392-5516

SCHOOL RECORDS RELEASE FORM

Name \_\_\_\_\_  
*First MI Last (maiden for females)*

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

Telephone Number \_\_\_\_\_

Last School Attended in Charles County \_\_\_\_\_

\_\_\_\_\_ GRADUATED in the year \_\_\_\_\_

\_\_\_\_\_ WITHDREW in the year \_\_\_\_\_

Number of Official Transcripts Requested \_\_\_\_\_

Number of Copies Requested \_\_\_\_\_

I hereby grant permission to release all school records to:

Name \_\_\_\_\_  
*(College, university, institute, employer, self, other)*

Attn: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Computer generated signature NOT accepted.*

No fee is charged if transcript is being used for attendance at a college, university, institute; federal agency; or employment.

<b>FOR OFFICE USE ONLY</b>	
_____ transcript mailed _____	RECORD CLERK'S INITIALS _____
_____ transcript picked up _____ <i>(date and time)</i>	