Board of Education
Andy Stewart, Chair
Willie Mitchell, Vice Chair
Sammy Smith, Treasurer
Dr. Heather Ramsey, Board Member
Kris Nordholz, Board Member



Jeremy H. Williams, Ed.D. Superintendent

## GAINESVILLE CITY SCHOOL SYSTEM

ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students.

## STUDENT RECORDS REQUEST FORM

Last Name	First Name	M.I.	Maid	Maiden Name	
Date of Birth	Year Graduated		Last Grade Attended		
Nick Name:	Phone Number		Last 4 Digits of SS #_		
School attended if no	t Gainesville High:				
Pro Vo-	other School ospective Employer		Colle Milit	•	
Student Signature			Date		
Signature of Parent/Guardian (if student is under 18)		)	Date		
Address Where Requ	est Needs to be Mailed:				
Name of Establishme	ent Street Address	City	State	Zip	
☐ Mail Transcript (please see below)			Date Paid		
☐ Pick Up Date			Mailed		
☐ I. D. Shown Emplo	oyee Initial				

## **Important Information:**

There is a \$3.00 fee per transcript. Please allow 72 hours for processing transcripts.

We accept cash in the correct change, check or money order

\*All transcripts are sealed. If opened, the transcript is no longer official.

If you want to know the content of your transcript, you must pay for a second copy.

If mailing your transcript request, you must provide a photocopy of your picture ID