

RECORDS REQUEST FORM
 Return Form to: Caswell County Schools
 Student Services Department (BYHS – Attn: Cheryl Blackard)
 466 E. Main Street, Yanceyville, NC 27379

Today's Date:

Complete Legal Name while attending school:

Name currently used, if different:

Father's Name as listed on school records:

Mother's Name as listed on school records:

Birth Date:

Phone Number:

Name of Last Caswell County School Attended (*Elementary, Middle, or High School*)

Did you graduate from this school? Yes No

Years of Attendance:

From:

To:

Records Requested: Please indicate quantity needed in space provided below

Copies	Official High School Transcript (<i>contains high school graduation facts & immunization records, if available</i>)
Copies	Graduation Verification (<i>form letter stating only your name, high school, date of graduation</i>)
Copies	Immunization Records
Copies	Other – Please describe

**\$5.00 Non-Refundable Fee
Per Copy**

Home Mailing Address:

Mail Records to:

OR:

Will pick up records

Signature:

If someone other than yourself will pick this information up, a written letter of authorization is required.

For Office Use Only:

Drivers License # _____

Amount Paid _____

Cash / Cashier's Check / Money Order / Check