

# GCPS STUDENT RECORDS REQUEST FORM

Return form via mail, fax, or in person to:

Gwinnett Online Campus  
Attn: Student Records Office  
713 Hi Hope Road  
Lawrenceville, GA 30043  
gwinnettonline@gcpsk12.org  
Phone# 770-326-8082  
Fax# 770-326-8064

SCHOOL INSTRUCTION:

**Official /Govt Issued Photo ID Required**  
Allow two (2) business days to process request

Student Name: \_\_\_\_\_

GCPS ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the student currently attending school? YES  NO  Last year attended: \_\_\_\_\_

Requester Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
(PHOTO ID REQUIRED)

Requester Phone Number: \_\_\_\_\_

Requester Email Address: \_\_\_\_\_

Description of Records Requested: \_\_\_\_\_

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

I will pick up the records

Mail records to: (Name and address for mailing)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please release my records to: \_\_\_\_\_  
(PHOTO ID REQUIRED AT PICK-UP)

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Student (if over 18 or attending postsecondary school) or Parent/Legal Guardian

DATE

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or of the student (if over 18 or attending a postsecondary school).