UNION COUNTY PUBLIC SCHOOLS
EDUCATE • INNOVATE • GRADUATE

400 North Church Street
Monroe, NC 28112
704.296.9898
704.282.2171
www.ucpsnc.org

School Records Transcript Request

Name:_____
Last **First** **Middle**

Maiden Name: _____ Date of Birth: _____

Phone Number: _____ Social Security #: _____

Last High School Attending in Union County: _____

Graduation Year: _____ Non-Graduate, please check here ☐

Reason(s) for Request of Student Record:

☐ Employment
☐ College
☐ ID
☐ Birth Certificate
☐ Immigration
☐ Military
☐ GED
☐ Home School
☐ Other

I authorize Union County Public Schools to release my records.

Signature: _____

Mail-in Requests and In-Person Requests are $15.00 per copy
cash, check or money order made payable to: Union County Public Schools

If records are to be mailed, enter the address for mailing:

Name of Person or School: _____

Address: _____
Street City State Zip Code

If you are mailing this form for a transcript, send to:

Union County Public Schools
Attention: LeeVonda Simon
400 North Church Street
Monroe, NC 28112

OFFICE USE ONLY:

Paid Date: _____

Amount: _____

Copies: _____

Cash: _____ CK# _____ M.O._____

In compliance with federal law, UCPS administers all educational programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.