

GCPS TRANSCRIPT REQUEST FORM

Return form via mail, email, 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

Instructions / Reminders

- *Official Picture ID Required
- *Allow two business days to process request

All incomplete requests will be returned

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).