



ROBERTSON COUNTY SCHOOLS

800 M.S. Couts Blvd. Springfield, TN 37172 ~ Phone 615-384-5588 ~ Fax 615-384-9749

Danny L. Weeks, Ed.D, Director of Schools

AUTHORIZATION FOR THE RELEASE OF STUDENT TRANSCRIPT/RECORDS

Full Name _____
Last First Middle Last name when in HS
Current Address _____
City _____ State _____ Zip _____ Phone # _____
Date of Birth ~ Month _____ Day _____ Year _____ Last 4 SS # _____
Last school attended in Robertson County _____
Graduation Date or Date of Last Attendance ~ Month _____ Year _____

I do hereby authorize the release of my High School
Transcript to:

**** or ****

**Special Instructions (if any), Ex:
will pick up, email address, other
Instructions:**

College or Business Name

Address

City State Zip

*****IF NO INFORMATION IS GIVEN HERE, IT WILL BE MAILED TO THE HOME ADDRESS ABOVE.*****

Student's
Signature _____ Date _____

Must be 18 years old to sign

By submitting this form, you authorize that the information provided is accurate and truthful to the best of your knowledge. You are the person you claim to be, and submitted data will be used for the intended purpose as outlined on this form.

This form is for previous students to use ONLY. If you are a company/business needing to request a transcript or education verification, please send an official request and a signed release from the student.

******ACT SOCRES ARE NOT ON TRANSCRIPTS AS OF 1/2022 - GO TO MYACT.ORG AND SIGN IN TO THE ACCOUNT YOU CREATED WHEN YOU TOOK THE TEST TO REQUEST YOUR ACT SCORES******

**THE COMPLETED FORM CAN BE EMAILED TO sherri.wilson@rcstn.net
Or FAXED to 615-384-9749**

For Office Use Only:

Date Request Mailed, Emailed or Picked Up _____ Record Processed By _____