

The Museum School of Avondale Estates

DeKalb County School System

923 Forrest Boulevard

Decatur, Georgia 30030

Phone: 404-289-0320

TRANSCRIPT REQUEST FORM

Date:		
Office Use only - Date Rec'o	d:	
Student's Full Name (First, I	Middle, Last):	
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Grade Level (current) or Year Graduated: Withdrawal (month and year):		
Transcript	Number of Official Copies	Number of Unofficial Copies
Withdrawal Form	Number of Copies	
Immunization Records	Number of Copies	
Other (please list): (ex: test scores, attendance, discipline, Special Ed, IEP, EIP, Psychological)		
NAME OF AUTHORIZING PERSON (please print):		
Last:		First:
Phone number:		Address:
 □ Driver's License (attach a copy) □ State ID Card (attach a copy) □ Passport (attach a copy) □ Military ID may be shown at the time of pick-up. Copies cannot be made pursuant to <i>Title 18, US Code Part I, Chapter 33, Section 701</i> Records may be mailed or picked up by parent (if student is under 18). Please allow 3-5 business days to process the request. There is a \$3.00 fee per transcript for the transcript only. The cost will be \$10.00 for transcripts including tests scores, attendance, discipline, etc. The only acceptable form of payment is cash, check or money order; credit or debit cards will NOT be accepted. 		
☐ Pick up (you will receive a phone call or an email with a date and time for pick-up when your records are ready) OR		
☐ Mail to: Please provide a stamped envelope for <u>each</u> copy you have requested)		
Name of School or Your Name		
Attention (if applicable)		
Address:		
City:	State:	Zip: Tip:
I understand that a studen	t's education records are confide	ntial and may only be disclosed as allowed by the Family Educational Rights

and Privacy Act of 1974, or with written permission of the student's parent or legal guardian, or of the student (if 18 years or older).