



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'd : _____

Student's Full Name (First, Middle, Last): _____

Birth Date (MM/DD/YYYY): _____

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: _____

***One Proof of Identity (must be valid, not expired)**

- 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 *Title 18, US Code Part I, Chapter 33, Section 701*

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 each copy you have requested)

 Name of School or Your Name

 Attention (if applicable)

 Address:

City: _____ State: _____ Zip: _____

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 written permission of the student's parent or legal guardian, or of the student (if 18 years or older).