

RECORDS REQUEST FORM

Return Form to: Caswell County Schools
Student Services Department (BYHS - Attn: Cheryl Blackard)
466 E. Main Street, Yanceyville, NC 27379

Today's Date:

Complete Legal Name while attending school:

Name currently used, if different:

Father's Name as listed on school records:

Mother's Name as listed on school records:

Birth Date:

Phone Number:

Name of Last Caswell County School Attended (*Elementary, Middle, or High School*)

Did you graduate from this school? Yes No

Years of Attendance:

From:

To:

Records Requested: Please indicate quantity needed in space provided below

Copies

Official High School Transcript (*contains high school graduation facts & immunization records, if available*)

Copies

Graduation Verification (*form letter stating only your name, high school, date of graduation*)

Copies

Immunization Records

**\$5.00 Non-Refundable Fee
Per Copy**

Copies

Other - Please describe

Home Mailing Address:

Mail Records to:

OR:

Will pick up records

Signature:

If someone other than yourself will pick this information up, a written letter of authorization is required.

For Office Use Only:

Drivers License # _____

Amount Paid _____

Cash / Cashier's Check / Money Order / Check