

Nottoway High School

OFFICIAL TRANSCRIPT/RECORDS REQUEST FORM

\$5.00 per copy

*Faxed or mailed requests must include payment
Checks/money orders payable to Nottoway High School. DO NOT SEND CASH.*

Last Name	First Name	Middle Name	Name while enrolled / PLEASE LIST ALL PRIOR NAMES
Address			SSN Number
City	State	Zip Code	Date of Birth
(____) _____	Daytime Telephone		Email Address
Graduation Date / Last Date of attendance			

Student Signature (To protect your right to privacy, transcripts will NOT be released without your signature.) _____ /_____/_____
DATE

PLEASE INDICATE DELIVERY METHOD:

- Will pick up at the Nottoway High School Office
*Signed release required if transcript will be picked up by someone other than student.
 TO BE PICKED UP BY: _____
 Transcripts picked up in person are addressed to the student and bear the stamp
 "Official Transcript Issued to Student in Sealed Envelope"*

- Mail to the recipient below
*Print complete name and address clearly.
 Delays may occur due to incomplete or illegible addresses.
 One copy will be mailed unless otherwise indicated.
 Attach a separate signed sheet if more than two recipients are requested.*

For Mailed Transcripts: Please send my official transcript to the following address: _____ _____ _____	For Faxed Transcripts: Please send my unofficial transcript to the following fax number: Attention to: _____ Fax #: _____
For Mailed Transcripts: Please send my official transcript to the following address: _____ _____ _____	Other records requested: _____ _____ _____

Return completed request in person, mail or fax to:
 Guidance Office • Nottoway High School
 5267 Old Nottoway Road Crewe, VA 23930
 PHONE: (434) 292-5373 FAX: (434) 292-3021

For Guidance Office Use Only
Date Sent: _____
Initials: _____