

REQUEST FOR RECORDS

PAULDING COUNTY SCHOOL DISTRICT
RECORDS MANAGEMENT SERVICE CENTER

**There is a \$3.00 processing fee for students requesting records.
There is a \$10.00 processing fee for agencies requesting records.
Payment is due before the transcript can be released.**

DATE OF REQUEST: _____ STUDENT ID #: _____

STUDENT'S FULL NAME (please print): _____

DATE OF BIRTH: ____/____/____ PHONE NUMBER: _____

ADDRESS: _____

SPECIFY RECORDS REQUESTED (please initial all that apply):

_____ Permanent Record _____ Immunization _____ Transcript

YEAR OF WITHDRAWAL: _____ /YEAR OF GRADUATION: _____

NAME USED WHEN STUDENT ATTENDED PAULDING COUNTY SCHOOLS:

LAST PAULDING COUNTY SCHOOL ATTENDED: _____

Will you be picking up your records? _____(yes) _____(no)
If not, where do you want your records to be mailed (please print)?

REQUEST MADE BY: _____
Signature of student (if 18 or older) or Parent/Guardian Date

Provide Copy of Proof of Identity: Driver's License SS Card Other _____

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SEND FORM TO PAULDING COUNTY SCHOOLS  
ATTENTION DONNA KOPP FAX: 770-443-7031  
522 HARDEE STREET, DALLAS, GA 30132  
PHONE: 770-443-8000 EXT 10212  
EMAIL dkopp@paulding.k12.ga.us