Jeremy H. Williams, Ed.D. Superintendent

Board of Education
John Filson, Chair
Willie Mitchell, Vice Chair
Sammy Smith, Treasurer
Heather Ramsey, Board Member
Andy Stewart, Board Member



## **GAINESVILLE CITY SCHOOL SYSTEM**

ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students.

## STUDENT RECORDS REQUEST FORM

Last Name	First Name	M.I.	Ma	iden Name	
Date of Birth Year Graduated			Last Grade Attended		
Nick Name:	Phone Number		Last 4 Digits of SS #	<u> </u>	
School attended if not	Gainesville High:				
To the following upon request:Another SchoolProspective Employer			Scholarship Fund College/University		
Vo-Tech School Other (Specify)			Military		
By signing below, you Student Signature	u are giving Gainesville City	Schools permis	sion to release your stude  Date	ent records.	
Signature of Parent/Guardian (if student is under 18)		)	Date		
Address Where Reque	est Needs to be Mailed:				
Name of Establishmen	t Street Address	City	State	Zip	
☐ Mail Transcript (please see below)			Date Paid		
☐ Pick Up Date			Mailed		
☐ I. D. Shown Employ	yee Initial				

## **Important Information:**

There is a \$3.00 fee for processing transcripts 72 Hours
We accept cash in the correct change, check or money order
\*All transcripts will be sealed when you receive them.
If opened, the transcript is no longer official.

If you want to know the content of your transcript, you must pay for a second copy
If mailing your transcript request, it must be accompanied by a photocopy of your picture ID