



School Administration Building
Tenth & Court Streets, Post Office 2497
Lynchburg, Virginia 24505
Attn: Student Records
Phone 434 522-3700, ext. 171
Fax 434 522-3774

Authorization to Release School Records

(Please Print or Type)

Name _____
 First Middle Maiden Last

Date of Birth _____ Social Security Number _____

Your day-time phone number _____

School you last attended or graduated from _____

Year you graduated or left the above school _____

Type of information you are requesting

Official Transcript For College- \$3.00, *CASH OR MONEY ORDER ONLY*

Unofficial Transcript

Verification of Graduation for Employment

DMV- ID. Immunization Record Other (describe) _____

Send transcript or information to:

Name _____

Organization _____

Street Address _____

City, State, Zip _____

I authorize Lynchburg City Schools to release the information from my scholastic record as indicated above.

SIGNATURE:

For Office Use Only:

Date transcript or information taken/mailed: _____

Charge: YES NO