



Caroline County Public Schools
Caroline High School
 19155 Rogers Clark Blvd.
 Milford, VA 22514

(804)633-9886 ext 25
 Mrs. Laura Beasley, Secretary

Student Record Request Form

STUDENT INFORMATION

		Date
Name (Last, first, middle initial)	Name when enrolled	Social Security # or Student ID
Street Address	City	VA Zip code
Primary phone number	Other phone number	E-mail address
<input type="checkbox"/> Graduation Year: _____	<input type="checkbox"/> Discontinuation Year _____	<input type="checkbox"/> Presently Enrolled

Type of Request

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Cumulative File | <input type="checkbox"/> |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> IEP (Individual Education Plan) | <input type="checkbox"/> Other |

(Note: A \$5.00 fee is assessed to all record request dated prior to the current year. A \$15.00 fee is Assessed for Cumulative Files and IEP request).

Please describe the nature of this request.

Please list the name and address of the individual (s) receiving this information:

Name	Organization
Address	Address
City, State Zip	City, State Zip
Phone/Fax number	Phone/fax number

Signature _____

Office Use Only:	Date Received _____
<input type="checkbox"/> File Found	<input type="checkbox"/> Payment received
<input type="checkbox"/> File Not Found	

Action taken _____ Date _____

Official Signature _____ Date _____