

# GCPS RECORDS REQUEST FORM

**Return form via mail, fax, or in person to:**

School Name: Duluth High

Attn: Counseling

Address: 3737 Brock Road  
Duluth, GA 30096

Phone # 770-232-3322

Fax # 770-232-3323 or 678-442-5165

Instructions / Reminders

- \* Office Hours: 6:45 - 2:45, M-F
- \* Visit [duluthhigh.org](http://duluthhigh.org) for Summer Hours & School Holidays
- \* \$5.00 Fee per Transcript
- \* \$1.00 Immunization/Birth Certificate
- \* \$.25 per page all other records
- \* MyPaymentsPlus, Cash, Check or Money Order
- \* Official Picture ID Required

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Name while attending a Gwinnett County Public School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

GCPS School last attended: \_\_\_\_\_

Current Grade or Graduation Date: \_\_\_\_\_

Description of Records Requested: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_

I will pick up my transcript/records

I need my transcripts mailed to: (Name and address for mailing)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please release my records to: \_\_\_\_\_  
(ID REQUIRED)

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Student (if over 18 or attending postsecondary school) or Parent/Legal Guardian

DATE



I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or of the student (if over 18 or attending a postsecondary school).