



REQUEST FOR TRANSCRIPT RELEASE FORM

Date: _____

Name: _____
(First) (Middle) (Maiden) (Last)

Date of Birth: _____

Primary Phone Number: _____ Cell Phone Number: _____

High School Attended: _____ Graduate: Yes No

Year of Attendance/Graduation: _____

Other schools in Greater Clark County and dates of attendance (if records needed):

To mail transcripts:

Name/Organization: _____ Attention: _____

Address: _____
(Street) (City) (State) (Zip Code)

Other instructions for release:

Signature Authorizing Release: _____ Date: _____

Mail to: Greater Clark County Schools
Attn: Ginger Wilson
226 State Road 62
New Washington, IN 47130

Or fax to: (812) 293-5803

Email: gwilson@gccschools.com

**a copy of a photo ID will be required all requests unless sent by a school

***Fees (cash or money order only): \$5.00/ copy of main transcript or \$8.00/ copy of whole file
