



WARREN COUNTY PUBLIC SCHOOLS

210 N. Commerce Avenue
Front Royal VA 22630

540-635-2814 FAX
540-635-2171

TRANSCRIPT REQUEST FORM

CONSENT TO RELEASE PERSONALLY IDENTIFIABLE SCHOOL RECORDS

<input type="checkbox"/> Scholastic Records (grades)	<input type="checkbox"/> Health Records
<input type="checkbox"/> All Standardized Test Scores	<input type="checkbox"/> Confidential
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Other

Name: _____
Last First Middle Maiden

Present Address: _____

Date of Birth: _____

Phone Number: _____

Are you a current student? Yes _____ Grade _____ No _____

Did you graduate from? Warren County High School _____ Year _____
Skyline High School _____ Year _____

Did you withdraw from? Warren County High School _____ Year _____
Skyline High School _____ Year _____

Requesting GED Scores? Yes _____ Date taken? _____

Address you would like your Transcript, GED, and/or Health Records sent:

Signature: _____ Date: _____

Parent's Signature: _____
(Required if student is under 18 years of age)

➤ Please note that your transcripts will be completed and mailed within five (5) working days from the date this request is received.

OFFICE USE ONLY	
Initial	_____
Date Picked-up	_____
Date Mailed	_____