

RECORDS REQUEST FORM

**Buncombe County Schools
Student Services Department
175 Bingham Road, Asheville, NC 28806
Phone 828-255-5918**

\$10.00 Non-Refundable
Fee Required in Cash,
Check or Money Order.

Faxed or emailed
requests not
accepted.

Today's Date: _____

Complete Legal Name while attending school: _____

Name currently used, if different: _____

Father's Name as listed on school records: _____

Mother's Name as listed on school records: _____

Birth Date: _____ Phone Number: _____ (We will call if there are problems completing your request)

Name of Last Buncombe County School Attended: _____

Years of Attendance: From: _____ To: _____ Did you graduate? Yes No

Records Requested: Please indicate quantity needed in space provided. (Diploma copies are not available)

___ **Official High School Transcript** – Contains high school graduation facts and immunization records, if available.

___ **Graduation Verification** – Form letter stating only your name, high school, date of graduation.

___ **Immunization Records**

___ **Complete Record** – Can be used for immigration or identification purposes.

___ **Other** – Please describe _____

Mail Records To: _____

OR **Will Pick Up On** _____

Records Requests take 1 – 2 business days to process,
and up to 5 days during high volume seasons.

Student's Signature*: _____

SWORN TO AND SUBSCRIBED BEFORE ME

(Notary Seal) This _____ day of _____, 20 _____

Notary Signature: _____

My Commission Expires: _____

***THE SIGNATURE MUST BE NOTARIZED WHEN
A PERSON DOES NOT APPEAR IN PERSON AT
BUNCOMBE COUNTY SCHOOLS STUDENT
SERVICES unless the records are being mailed
directly to colleges/universities or are
requested from colleges/universities.**

*In accordance with the Family Educational Rights
and Privacy Act of 1974, it is the express condition of
this institution that this transcript will not be released
to any individual, agency, or organization without the
notarized written consent of the student.*

For Office Use Only:

Driver's License # _____

Amount Paid _____

Cash

Exp. Date _____ Verified _____

Processed _____

Check # _____