

REQUEST FOR SCHOOL RECORDS

NORFOLK PUBLIC SCHOOLS, RECORDS DEPARTMENT
 800 E CITY HALL AVENUE, SUITE 904
 NORFOLK, VA 23510
 PHONE: (757) 628-3931 • FAX: (757) 628-3966

Please print and complete in full:

FULL NAME WHEN IN SCHOOL	LAST NAME, FIRST NAME, MIDDLE INITIAL: _____		
DATE OF BIRTH	_____ MONTH / DAY / YEAR	PLACE OF BIRTH	_____ (CITY, STATE)
PARENT/ LEGAL GUARDIAN NAME	_____ (FATHER, MOTHER OR LEGAL GUARDIAN –WHICHEVER APPLIED IN SCHOOL)		
ALL NORFOLK PUBLIC SCHOOLS ATTENDED (STARTING WITH LAST SCHOOL ATTENDED)	_____ _____ _____	GRADUATE OR NON-GRADUATE	<input type="checkbox"/> GRADUATE (YEAR OF GRADUATION) _____ <input type="checkbox"/> NON-GRADUATE (LAST YEAR ATTENDED) _____
PRESENT NAME	_____ _____		
MAILING ADDRESS WHERE DOCUMENT(S) WILL BE MAILED	_____ _____ _____		
TELEPHONE NUMBER(S)	() _____	() _____	_____

PLEASE CHECK DOCUMENTATION NEEDED:

- | | | |
|--|---|--|
| <input type="checkbox"/> TRANSCRIPT | <input type="checkbox"/> SOCIAL SECURITY (SS) | <input type="checkbox"/> IMMUNIZATION RECORD |
| <input type="checkbox"/> SPECIAL ED/CONFERENCE NOTES | <input type="checkbox"/> DISCIPLINE HISTORY | <input type="checkbox"/> PROOF OF AGE/GRADUATION |
| <input type="checkbox"/> LAST DATE & GRADE OF ATTENDANCE | <input type="checkbox"/> DMV VERIFICATION/ID PURPOSES/ PASSPORT | <input type="checkbox"/> OTHER _____ |

TRANSCRIPT TYPE: <input type="checkbox"/> OFFICIAL (SEALED) <input type="checkbox"/> UNOFFICIAL	I WOULD LIKE TO PICK TRANSCRIPT UP <input type="checkbox"/>
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AUORIZATION NOTIFICATION:

I HEREBY AUTHORIZE The Records Management Department of Norfolk Public Schools to release information concerning my records. I understand that the recipient of the records(s) will use said documents(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other part or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act. **(PHOTO ID IS REQUIRED)**

SIGNATURE: _____ DATE: _____

PLEASE ALLOW A MINIMUM OF 10 WORKING DAYS FOR PROCESSING (MANY REQUESTS MAY REQUIRE ADDITIONAL TIME)