

# Baltimore County Public Schools

## Request For Release of Former Student Records

Date: \_\_\_\_\_

Please circle one: Transcript / Duplicate Diploma

I hereby request that my former student record be released to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Former student's name (please print): \_\_\_\_\_

Former student's signature: \_\_\_\_\_