

Board of Education
 Delores Diaz, Chair
 Brett Mercer, Vice Chair
 Willie Mitchell, Treasurer
 Sammy Smith, Board Member
 Maria Calkins, Board Member



Wanda G. Creel, Ed.D.
 Superintendent

GAINESVILLE CITY SCHOOL SYSTEM

ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students.

RELEASE WAIVER OF STUDENT RECORDS

**Requested information must be accurate in order to be processed*

PLEASE RELEASE THE STUDENT RECORDS OF:

Last Name	First Name	M.I.	Maiden
-----------	------------	------	--------

Date of Birth	Year Graduated	Last Grade Attended
---------------	----------------	---------------------

Nick Name: _____ Phone Number _____ Last 4 Digits of SS # _____

School attended if not Gainesville High: _____

To the following upon request:

_____ Another School	_____ Scholarship Funds
_____ Prospective Employer	_____ College/University
_____ Vo-Tech School	_____ Military
_____ Other (Specify) _____	

 Student Signature Date

 Signature of Parent/Guardian (if student is under 18) Date

Mail Transcript (please see below) Date Paid _____

Pick Up Date Mailed _____

I. D. Shown _____
 Employee Initial

Important Information:

- There is a \$3.00 fee for processing transcripts 72 Hours
 - We accept cash in the correct change, check or money order
- *All transcripts will be sealed when you receive them. If opened, the transcript is no longer official. If you want to know the content of your transcript, you must pay for a second copy*
- If mailing your transcript request, it must be accompanied by a photocopy of your picture ID

Address Where Request Needs to be Mailed:

Name of Establishment	Street Address	City	State	Zip
-----------------------	----------------	------	-------	-----

