

**GASTON COUNTY SCHOOLS  
STUDENT RECORDS OR TRANSCRIPT REQUEST**

Name: \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

Maiden Name: \_\_\_\_\_  
                                    **Last**                                    **First**                                    **Middle**

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last High School attended in Gaston County: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

If non-graduate check here: \_\_\_\_\_

Records needed for: College: \_\_\_ Job: \_\_\_ ID: \_\_\_ Imm: \_\_\_ B.Cert: \_\_\_

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

I authorize Gaston County Schools to release my records.

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

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**FEE: \$3.00 (per copy)**

Number of copies: \_\_\_\_\_ Total amount enclosed: \_\_\_\_\_

**( cash or money order only )**

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If records are to be mailed, enter the address for mailing:

Name of Person or College: \_\_\_\_\_

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

If mailing this form for a transcript, send to:

**Gaston County Schools  
Office of Student Records  
943 Osceola Street  
Gastonia, NC 28053-1397  
704-866-6255**

**For Office Use Only:**  
Paid: \_\_\_ Date: \_\_\_\_\_  
Cash: \_\_\_ M.O. \_\_\_\_\_