RECORDS REQUEST FORM
Return Form to: Caswell County Schools
Student Services Department (BYHS – Attn: Cheryl Blackard)
466 E. Main Street, Yanceyville, NC 27379

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:

Name of Last Caswell County School Attended *(Elementary, Middle, or High School)*

Did you graduate from this school?  ○ Yes  ○ No

Years of Attendance: From: To:

**Records Requested:** Please **indicate quantity** needed in space provided below

<table>
<thead>
<tr>
<th>Copies</th>
<th><strong>Official High School Transcript</strong> (contains high school graduation facts &amp; immunization records, if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copies</td>
<td><strong>Graduation Verification</strong> <em>(form letter stating only your name, high school, date of graduation)</em></td>
</tr>
<tr>
<td>Copies</td>
<td><strong>Immunization Records</strong></td>
</tr>
<tr>
<td>Copies</td>
<td><strong>Other</strong> – Please describe</td>
</tr>
</tbody>
</table>

Home Mailing Address:

Mail Records to:
OR:
[ ] Will pick up records

**Signature:**

*If someone other than yourself will pick this information up, a written letter of authorization is required.*

**For Office Use Only:**

Drivers License #__________________

Amount Paid__________________

Cash / Cashier’s Check / Money Order / Check

$5.00 Non-Refundable Fee Per Copy