



**STUDENT RECORD REQUEST**

Bedford County Public Schools charges a processing fee of \$5 per document for all agency and former student record requests which include Graduation/GED verification, official/unofficial transcript and proof of immunization. Current students may obtain up to five transcripts each year at no charge with each subsequent transcript being \$5 each. The fee for copies of all other student records will be 25¢ per page.

A transcript includes the academic record of subjects taken, grades, credits completed and attempted, grade point average, class rank, and ACT/SAT scores.

Student Name: \_\_\_\_\_  
  LAST  FIRST  MIDDLE  MAIDEN NAME

Address: \_\_\_\_\_  
  NUMBER AND STREET  CITY AND STATE  ZIP CODE

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CURRENT STUDENTS:**

**ONE TRANSCRIPT FORM PER REQUEST!**

Grade Level: \_\_\_\_\_ Early Decision Deadline: \_\_\_\_\_ Regular Decision Deadline: \_\_\_\_\_

Check all that apply:

- I do not require any letters of recommendation (send my transcript and/or counselor report if applicable as soon as possible within the 2-week window.
- Letters of recommendation have been requested from the following individuals:  
  \_\_\_\_\_    \_\_\_\_\_  
  \_\_\_\_\_    \_\_\_\_\_

Wait up to 10 business days for recommendation letters to arrive in guidance and send with my transcript

AFTER 10 BUSINESS DAYS TRANSCRIPTS WILL BE SENT AUTOMATICALLY.  
GUIDANCE OFFICE HAS UP TO 2 WEEKS TO SEND ACADEMIC TRANSCRIPTS TO COLLEGES SO KNOW YOUR COLLEGE APPLICATION DEADLINES.

**FORMER STUDENTS:**

Year Graduated: \_\_\_\_\_ Year Withdrawn: \_\_\_\_\_

I hereby authorize Jefferson Forest High School to send a transcript of the educational records named on the student above to the following school, agency, business, or individual:

\_\_\_\_\_  
SCHOOL, BUSINESS, OR INDIVIDUAL NAME

\_\_\_\_\_  
MAILING ADDRESS    CITY    STATE    ZIP CODE

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
PARENT'S SIGNATURE OR STUDENT'S SIGNATURE IF 18 YEARS OR OLDER

**JFHS OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_ FEE PAID: \_\_\_\_\_ TO COUNSELOR: \_\_\_\_\_ MAILED: \_\_\_\_\_