



LYNCHBURG CITY SCHOOLS

Lynchburg City Schools
915 Court Street, Post Office 2497
Lynchburg, Virginia 24505
Attn: Student Records
Phone 434-515-5019
Fax 434-522-3774

Authorization to Release School Records

**Do not use this form if you are requesting copy of GED.
Go to <https://www.gedtestingservice.com>**

Please note: Same day service is not guaranteed. It will take 3-7 working days to fulfill your request. Must have complete information and payment with request.

(Please Print or Type)

Name _____
 First Middle Maiden Last

Date of Birth _____ Social Security Number _____ Phone _____

Lynchburg City School you last attended _____ Pride/GED _____

Year Graduated _____ Year Dropped _____

Type of information you are requesting (CASH or MONEY ORDER ONLY.)

- Official Transcript for College- \$3.00
- Unofficial Transcript for College- \$2.00
- Verification of Graduation for Employment - \$2.00
- DMV- ID - \$2.00 Immunization Record - \$2.00
- Other (describe) – Fee determined by request- _____
- Faxing – additional fee \$2.00 per request _____

Not responsible for requests left over 30 days

Send transcript or information to:

Name _____

Organization _____

Street Address _____

City, State, Zip _____

I authorize Lynchburg City Schools to release the information from my scholastic record as indicated above.

SIGNATURE: _____