

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Student Record Request Form

Office of Shared Accountability  
Central Records Office  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
7210 Hidden Creek Road, Bethesda, Maryland 20817

- If you graduated or withdrew four or fewer years ago contact your former school to obtain your transcript and/or school records
- If you graduated or withdrew five or more years ago, you are requesting a:  Transcript  Diploma

### HOW TO MAKE A REQUEST:

1. Complete **PART A** only, print out form and sign where indicated.
2. **Fees:** \$6.00 per transcript and \$16.00 per diploma. Please visit the [SchoolCash Online](#) system to make your payment electronically. Other acceptable payment forms: cash, check or money order payable to "MCPS."
3. **Transcript Requests:** Visit the [Central Records](#) web page for more information on how to make your transcript and/or diploma request.. **Diploma Requests:** Include mailing address for diploma (no envelope necessary) (Please allow up to 8 weeks for replacement diploma processing).

Questions? Call Central Records: 240-740-5270

### Part A: Requestor Information

Name When Enrolled in MCPS: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Current Name (if different): Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Name As It Should Appear on Diploma: \_\_\_\_\_  
 School graduated or withdrawn from \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Month/Year of graduation \_\_\_\_\_ Year of withdrawal \_\_\_\_\_

I verify that I am entitled to receive the records requested above because: **MUST check one of the boxes below:**

- I am the subject of such records
- I am authorized by the subject of the record to receive their school records (documentation attached)

**Requestor's Signature** (Original signature required) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone no. \_\_\_-\_\_\_-\_\_\_

### Part B: FOR OFFICE USE ONLY—Requestor Information other than above (e.g., phone verifications, etc.)

First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_  
 Address/organization \_\_\_\_\_  
 Phone no. \_\_\_-\_\_\_-\_\_\_

**Type of record request (CHECK ALL THAT APPLY):**  transcript  verification letter  diploma  all school records

IMM  SAT  PSY  IEP  subpoena  phone verification  attendance

No. of copies \_\_\_\_\_ Amount paid \$ \_\_\_\_\_  No charge

**Paid with:**  SchoolCash Online Receipt Number \_\_\_\_\_

cash  check # \_\_\_\_\_  money order \_\_\_\_\_

**Mode of request:**  walk in  mail  fax  phone  pony  e-mail

Reel # \_\_\_\_\_ Image # \_\_\_\_\_  Scanned  Hard copy

Date received \_\_\_/\_\_\_/\_\_\_ date completed/sent \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_ (initials)

**Notes** \_\_\_\_\_  
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