



RANDOLPH COUNTY BOARD OF EDUCATION

Transcript Department ~ 2222-C South Fayetteville Street ~ Asheboro, NC 27205
Phone: (336) 318-6131 ~ Fax: (336) 318-6155 ~ email: dhill@randolph.k12.nc.us

STUDENT CUMULATIVE RECORD REQUEST FORM

~ NO FEE REQUIRED ~

Response to your request will require a minimum of ten (10) working days from receipt.

Please do not expect your request to be honored the same day as your request is made.

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME



Complete this section only if the name on the School Record is different from above.

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME



CURRENT MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____ EMAIL: _____

SCHOOL INFORMATION

Copies of Diplomas are NOT available.

RANDOLPH COUNTY SCHOOL LAST ATTENDED: _____

YEAR GRADUATED: _____ or LAST YEAR ATTENDED: _____ GRADE: _____

DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

Please check the items to be provided.

NC STUDENT TRANSCRIPT (Includes Transcript, Immunizations, Standardized Test Scores and Attendance)

IMMUNIZATIONS ONLY

STANDARDIZED TEST SCORES ONLY OTHER: _____

COMPLETE ADDRESS OF WHERE RECORDS ARE TO BE SENT

Note: Only documents forwarded to agencies / schools will be certified. All other will be marked "Issued to Individual".
Certified documents may be emailed in a PDF document if the agency / school allows.

SEND TO ATTENTION OF: _____

SCHOOL OR BUSINESS NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

DISCLAIMER: By signing this form and in accordance to the HIPAA law, you are giving the Randolph County Schools permission to forward your information in regards to Immunizations and any medical information listed on the form to the agency, school or individual listed above.

SIGNATURE

DATE

RETURN THIS COMPLETED FORM TO THE CONTACT INFORMATION LISTED AT THE TOP OF THIS PAGE.