



# Student Record Request Form

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

**MCPS Form 226-8**  
**October 2010**

- If you graduated or withdrew less than five years ago contact your former school to obtain your transcript and/or school records
- If you graduated or withdrew more than four years ago:

**MAIL-IN REQUESTORS:**

1. Complete **PART A** only, print out form and sign where indicated.
2. Prepare fee: \$5.00 per transcript. Acceptable payment forms: cash, check or money order payable to "MCPS."
3. Prepare self-addressed, stamped business-sized envelope(s), one envelope per each transcript requested.
4. Mail above 3 items to Central Records (address above).

**Questions? Call Central Records: 301-320-7301**

**WALK-IN REQUESTORS:** Complete and sign **PART A** only.

**Part A: Requestor Information**

Maiden Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Married Name: Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

School graduated or withdrawn from \_\_\_\_\_

Year of graduation \_\_\_\_\_ Year of withdrawal \_\_\_\_\_

I verify that I am entitled to receive the records requested above because: **MUST**  **one of the 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** \_\_\_\_\_ **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** ( **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:**  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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