



CLINTON CITY SCHOOLS TRANSCRIPT RELEASE FORM

www.clinton.k12.nc.us

Phone: 910-592-3132

Fax: 910-592-2011

RETURN FORM AND PAYMENT TO:

Clinton City Schools
Attn: Transcripts
300 Westover Road
Clinton, NC 28328

PLEASE TYPE OR PRINT

Current Name: (last) _____ (first) _____ (middle) _____

Name While

Attending School: (last) _____ (first) _____ (middle) _____

Driver's License No. and State: _____ Telephone Number: _____

Current Address: _____

Date of Birth: _____ Social Security No. (last 4 digits): _____

Last School Attended in Clinton City Schools: _____

Did you graduate? Yes _____ No _____ Year of Graduation: _____

No. of Transcripts Being Requested: _____

Transcript Fee (per copy): _____ x **\$5.00**

Total Due \$ _____ **Cash or Check/Money Order payable to Clinton City Schools**

Mail transcript(s) to:

My signature below authorizes release of requested records.

Signature

Date

For Office Use Only

Date Request Received: _____ Date Transcript(s) Mailed / Picked Up: _____

Payment Method / Amount Paid: Cash \$ _____ Check \$ _____ Money Order \$ _____

Preparer's Initials: _____