

## Liberty High School

100 Liberty Minutemen Drive Bedford, VA 24523 Phone (540) 586-2541 Guidance (540) 586-7691 Fax (540) 586-7720

## **STUDENT RECORD REQUEST**

Bedford County Public Schools charges a processing fee of \$5 per document for all agency and former student record requests which include Graduation/GED verification, official/unofficial transcript and proof of immunization. Current students may obtain up to five transcripts each year at no charge with each subsequent transcript being \$5 each. The fee for copies of all other student records will be 25¢ per page.

A transcript includes the academic record of subjects taken, grades, credits completed and attempted, grade point average, class rank, and ACT/SAT scores.

Student Name:					
	LAST	FIRST	MIDDLE	MAIDEN NAME	
Address:					
	NUMBER AND STREET		CITY AND STATE	ZIP CODE	
Date of Birth: SSN:			Phone Number:		
CURRENT STUDENTS	:		ONE TRANSCR	IPT FORM PER REQUEST!	
Grade Level: Early Decision Deadline: _		e:	Regular Decision Deadline:		
Check all that apply:					
	y letters of recommendathin the 10 business da		anscript and/or counse	or report if applicable as	
☐ Letters of recomme	endation have been req	uested from the f	ollowing individuals:		
☐ Wait up to 10 busing	ness days for recommer	ndation letters to	arrive in guidance and s	end with my transcript	
GUIDAN			BE SENT AUTOMATICALLY. OF REQUEST TO SEND ACADEMIC TO	RANSCRIPTS.	
FORMER STUDENTS:					
Year Graduated: Year Withdrawn:					
I hereby authorize Liber to the following school, a	•	-	educational records na	med on the student above	
	SCHOOL,	BUSINESS, OR INDIVIDUA	L NAME		
MAILING ADDRESS		CITY	STATE	ZIP CODE	
Date:	Signature:				
		PARENT'S SIGNA	ATURE OR STUDENT'S SIGNATURE	IF 18 YEARS OR OLDER	
		LHS OFFICE USE O	NLY:		
DATE RECEIVED:	FEE PAID:	TO COU	NSELOR:	MAILED:	