

Baldwin County Board of Education

P. O. Box 1188
110 N. ABC Street
Milledgeville, GA 31059
Ph. (478) 453-4176 Fax (478) 457-3327
www.baldwin-county-schools.com

REQUEST FOR RELEASE OF STUDENT INFORMATION

Student's Name (While in School) _____
Last First Middle

Date of Birth _____ Social Security No. _____

Address While Attending _____
Street or PO Box City State

Parents' Names _____
Father Mother

Last School Attended (In Baldwin Co.) _____

Graduation Year _____ OR Withdrawal Year _____

Your Current Address _____
Street and # or PO Box City State ZIP Code

Daytime Telephone Number (____) _____

I hereby authorize the Baldwin County Board of Education to release copies of, or any information contained in my (or of records of my son's/daughter's, if being requested by a parent for a minor child) school records.

Signature

Date

____ I will pick-up the requested information. OR

____ Please send requested information to my current address as listed above. OR

____ Please send requested information to the following address:

Name of College or Other To the Attention of:

Street or PO Box City State Zip

For Official Use: Date Mailed _____ Student Picked Up _____