

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 _____