

Baldwin County Board of Education

P. O. Box 1188
110 N. ABC Street
Milledgeville, GA 31061
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 Number: _____

Address While Attending: _____
Street Address or PO Box City State

Parents' Names: _____
Father Mother

Last School Attended (In Baldwin County): _____

Graduation Year: _____ OR Withdrawal Year _____

Your Current Address: _____
Street Address or PO Box City State

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 of 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 Address or PO Box City State Zip

For Official Use: Date Mailed _____ Student Picked Up: _____

