



OFFICIAL RECORDS REQUEST

West Carteret High School

4700 Country Club Road • Morehead City, NC 28557
Voice: (252) 726-1176 • Fax: (252) 726-6290 • Web: www.wcpatriots.com

Student Name (same as when attending WCHS):

First Middle Last (Maiden)

Date of Birth: _____

Graduate: Yes No If yes, year: _____

Withdrew Prior to Graduation: Yes No

I hereby grant permission for West Carteret High School to release the following records:

Transcripts (final grades, attendance, immunizations) # of Transcripts: _____
Test Scores Only
Report Card Only
Attendance Only
Complete Medical File
Shot Record Only
Birth Certificate

Please check all that apply:

I will pick up
Someone else will pick up: _____
Full Name Relationship

Please mail directly to: Institution/Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please fax to: _____

Fax Number (include area code): _____

By signing below, I give full permission for the person or institution named above to receive a copy of the indicated records. I understand that no other copies will be released without further written permission and that a \$5.00 processing fee will be required for each transcript of students who are not currently enrolled. PLEASE ALLOW 48 HOURS UPON RECEIPT FOR PROCESSING.

Person Requesting Record: _____ Phone: _____

Signature: _____ Date: _____