

Student Records Office Request

410-923-5045 (Phone) 410-923-5044 (Fax) | studentrecords@aacps.org Monday--Friday 7:30am-2:30pm

Request for transcripts requires **payment of \$5.00 per copy** and takes 7 business days to process. Request for a duplicate diploma requires **payment of \$10.00 per copy** and takes 4–6 weeks to process. Please send payment in form of check or money order to AACPS, along with request form to the above address. Visa or MasterCard is also accepted. Please include your credit card number and expiration date along with this form. You can also e-mail your request to **studentrecords@aacps.org**.

l,		, hereby give Anne Arundel County
Public Schools permission to release t	he records of(s	tudent's name while in school — please print)
Last Anne Arundel County Public Sc	hool attended	
Please write in one of the following	Year Graduated	or Year Withdrawn
Date of Birth		
Record(s) Requested	High School Transcr	ipt \$5.00
· 	Duplicate Diploma	\$10.00
Credit Card Number and Expiration Da	nte	MasterCard/ Visa (Circle One,
	This is a Non-refunda	ble Form
	ocessed Without Signature)	
Student Signature(Request Cannot Pro Current Address	ocessed Without Signature) (Number & Street, C	ble Form City, State, Zip Code)
	ocessed Without Signature) (Number & Street, C	
Current Address Daytime Phone Number	ocessed Without Signature) (Number & Street, C	
Current Address Daytime Phone Number	ocessed Without Signature) (Number & Street, C	Sity, State, Zip Code)
Current Address Daytime Phone Number Please indicate w	ocessed Without Signature) (Number & Street, C	City, State, Zip Code) ents mailed, e-mailed, or faxed.
Current Address Daytime Phone Number Please indicate w 1. Name	(Number & Street, Clty,	City, State, Zip Code) ents mailed, e-mailed, or faxed.