Staunton River High School
1095 Golden Eagle Drive
Moneta, VA 24121
Phone (540) 297-7151
Guidance (540) 297-0308
Fax (540) 297-4514

STUDENT RECORD REQUEST

Bedford County Public Schools charges a processing fee of $5 per document for all agency and former student record requests which include Graduation/GED verification, official/unofficial transcript and proof of immunization. Current students may obtain up to five transcripts each year at no charge with each subsequent transcript being $5 each. The fee for copies of all other student records will be 25¢ per page.

A transcript includes the academic record of subjects taken, grades, credits completed and attempted, grade point average, class rank, and ACT/SAT scores.

Student Name: _____
LAST FIRST MIDDLE MAIDEN NAME

Address: _____
NUMBER AND STREET CITY AND STATE ZIP CODE

Date of Birth: _____ SSN: _____ Phone Number: _____

CURRENT STUDENTS: **ONE TRANSCRIPT FORM PER REQUEST!**

Grade Level: _____ Early Decision Deadline: _____ Regular Decision Deadline: _____

How are you applying? ☐ Common App ☐ Paper/pencil application ☐ EduFind ☐ SendEdu

Check all that apply:

☐ I do not require any letters of recommendation.

☐ Letters of recommendation have been requested from the following individuals:

_____ _____

☐ Wait up to 10 business days for recommendation letters to arrive in guidance and send with my transcript

AFTER 10 BUSINESS DAYS TRANSCRIPTS WILL BE SENT AUTOMATICALLY.
GUIDANCE OFFICE HAS UP TO 10 BUSINESS DAYS FROM THE DATE OF REQUEST TO SEND ACADEMIC TRANSCRIPTS.

FORMER STUDENTS: Year Graduated: _____ Year Withdrawn: _____

I hereby authorize Staunton River High School to send a transcript of the educational records named on the student above to the following school, agency, business, or individual:

_____
SCHOOL, BUSINESS, OR INDIVIDUAL NAME

_____
MAILING ADDRESS CITY STATE ZIP CODE

Date: _____ Signature: _____
PARENT'S SIGNATURE OR STUDENT'S SIGNATURE IF 18 YEARS OR OLDER

SRHS OFFICE USE ONLY:

DATE RECEIVED: _____ **FEE PAID:** _____ **TO COUNSELOR:** _____ **MAILED:** _____