



# Northampton County Schools Student Records Request

Please complete all information in full and sign the bottom before submitting this request.

**Name While Attending School:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ Student ID: \_\_\_\_\_  
*(if known)*

**Information Related To Your Birth:**

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birth City: \_\_\_\_\_ State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

**Your Last Northampton County School of Attendance:**

Check the box for the school you attended:

<input type="checkbox"/> CENTRAL ELEMENTARY SCHOOL	<input type="checkbox"/> COATES HIGH SCHOOL	<input type="checkbox"/> CONWAY HIGH SCHOOL	<input type="checkbox"/> CONWAY MIDDLE SCHOOL
<input type="checkbox"/> COUNTY TRAINING SCHOOL	<input type="checkbox"/> GARYSBURG ELEMENTARY SCHOOL	<input type="checkbox"/> GARYSBURG HIGH SCHOOL	<input type="checkbox"/> GASTON ELEMENTARY SCHOOL
<input type="checkbox"/> GASTON HIGH SCHOOL	<input type="checkbox"/> GASTON MIDDLE SCHOOL	<input type="checkbox"/> GASTON STEM LEADERSHIP ACADEMY	<input type="checkbox"/> GUMBERRY HIGH SCHOOL
<input type="checkbox"/> JACKSON-EASTSIDE ELEMENTARY SCHOOL	<input type="checkbox"/> JACKSON HIGH SCHOOL	<input type="checkbox"/> NORTHAMPTON ALTERNATIVE SCHOOL	<input type="checkbox"/> NORTHAMPTON COUNTY HIGH SCHOOL
<input type="checkbox"/> NORTHAMPTON CO-EAST HIGH SCHOOL	<input type="checkbox"/> NORTHAMPTON CO-WEST HIGH SCHOOL	<input type="checkbox"/> PENDLETON HIGH SCHOOL	<input type="checkbox"/> RICH SQUARE-CREECY ELEMENTARY
<input type="checkbox"/> RICH SQUARE HIGH SCHOOL	<input type="checkbox"/> SEABOARD-COATES ELEMENTARY SCHOOL	<input type="checkbox"/> SEABOARD HIGH SCHOOL	<input type="checkbox"/> SEVERN HIGH SCHOOL
<input type="checkbox"/> SQUIRE ELEMENTARY SCHOOL	<input type="checkbox"/> W.S. CREECY HIGH SCHOOL	<input type="checkbox"/> WILLIS HARE ELEMENTARY SCHOOL	<input type="checkbox"/> WILLIS HARE HIGH SCHOOL
<input type="checkbox"/> WOODLAND-OLNEY HIGH SCHOOL	<input type="checkbox"/> OTHER _____		

Last Year Enrolled: \_\_\_\_\_ Did you graduate?  Yes  No

Did you attend summer school?  Yes  No If so, when? \_\_\_\_\_



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**Address While Attending School:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Current Name/Requester Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Current Residence Address:** *(this may be different than the mailing address)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing Address (only if different from Residence Address above):**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Phone/Email:**

Primary: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Driver's License (or other State Issued ID):**

ID Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

**Special Instructions:**

**Documents Will Be Delivered To:**

Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

# of Copies: \_\_\_\_\_



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**Reason(s) for Request of Student Record:**

<input type="checkbox"/> Employment	<input type="checkbox"/> College	<input type="checkbox"/> Identification
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immigration	<input type="checkbox"/> Other

**Select The Information Type(s) Requested:**

<input type="checkbox"/> Official High School Transcript	<input type="checkbox"/> Unofficial High School Transcript
<input type="checkbox"/> Copy of Birth Certificate	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Deferred Action/Dream Act	<input type="checkbox"/> Full Record Copy of Disability

My signature below authorizes the Records Department of Northampton County Schools to release information and / or my student record and confirms I have completed all sections accurately and truthfully, including information verifying my identity. I understand that the recipient of the record(s) will use the indicated documents(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other part or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

I declare under penalty of perjury that the foregoing is true and correct.

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Authorized Signature

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Date

To submit this records request form, please do one of the following:

1. Fax this form to (252) 308-0954 with the attention to Rosalind Pierce, Student Records

**OR**

2. Scan and email this form to piercer@northampton.k12.nc.us

**OR**

3. Mail this signed form to:

Northampton County Schools  
ATTN: Rosalind Pierce, Student Records  
152 Hurricane Drive  
Gaston, NC 27832