



OCCOHANNOCK ELEMENTARY SCHOOL

4208 Seaside Road
Exmore, VA 23350
(757) 678-5151
(757) 442-6349 (fax)

REQUEST FOR TRANSCRIPT OF SCHOOL RECORDS

Student Name: _____

Grade: _____ DOB: _____

I do hereby give permission to release school transcripts including educational, medical, discipline and attendance for the above named student to Occohannock Elementary School.

Please make sure you send any CST, IEP or 504 plans that may have been completed.

Parent/Guardian's Signature: _____ Date: _____

School to be contacted for transcript of records:

Phone #: _____

Fax #: _____