



JOHN L. COBLE ELEMENTARY SCHOOL

Date _____

To Records - Email address: _____

Name of Previous School

Street or Route Address

City State Zip

Re: Request for Transcript

Dear Registrar:

Please send a transcript as soon as possible of all grade, credits, and health records through date of withdrawal to the address or email below for:

Student Name Grade Date of Birth

Parent Signature Date

According to the Final Regulations—Family Education Rights and Privacy Act (Buckley Amendments), dated June 17, 1976, it is no longer necessary to obtain written consent to release school records. It states that school officials of other schools in school systems in which the student may intend to enroll may receive a student's record without a written consent for such release.

Please send student's records to: email: office@cobleschool.com or mail to address below.

Sincerely,

Lisa Samms