

## OBTAINING A MARIETTA CITY SCHOOLS STUDENT TRANSCRIPT RECORD

**If you attended school in the Marietta City School District and need a copy of your transcript, you must provide the Records Department with:**

- A completed, signed copy of the Record Release Form
- A copy of your valid driver's license or other picture ID  
(No request will be processed without a picture ID)
- \$5.00 for each transcript copy - MILITARY PERSONNEL – NO CHARGE  
(We accept Debit or Credit Cards, Money Order or exact change in cash)

Students must be 18 years of age or older to obtain records. Parents/Guardians may obtain or authorize the release of records for students under the age of 18.

**Phone requests will not be processed. You must select one of the following:**

- **EMAIL** the form to [mstanley@marietta-city.k12.ga.us](mailto:mstanley@marietta-city.k12.ga.us). Fees must be paid and a copy of a picture ID provided before transcript is mailed out.
- **FAX** your request to 770-425-4095. Fees must be paid and a copy of a picture ID provided before transcript is mailed out.
- **MAIL** the Marietta City Schools Record Release form, copy of a picture ID, and fee (Debit, Credit, or Money Order) to:

**Marietta City Schools - Records Department - 250 Howard Street - Marietta, GA 30061**

**IF YOU ARE A BUSINESS OR AGENCY REQUIRING VERIFICATION OF EDUCATION:**

- A processing fee of \$5.00 and a release form signed by the former student is required. Please allow 3-5 business days for processing. If the form is incomplete, or has not been signed, the transcript request will not be processed.

**RECORDS WILL BE MAILED TO THE ADDRESS LISTED ON THE RECORD RELEASE FORM OR THEY MAY BE PICKED UP AT THE ABOVE ADDRESS.**

If you send someone to pick up your records, they must:

- Present Third Party Release form from you (the former student) stating that they are allowed to obtain the records on your behalf
- Bring a picture ID
- Sign the release form



250 Howard St.  
P.O. Box 1265  
Marietta, GA 30061

**School Transcript/Records Request**

Please complete and return this form, the Legal Release Form, copy of Picture ID, and fee of \$5.00 per transcript (cash or money order only). Documents may be mailed to the above address or delivered in person.

Date: \_\_\_\_\_

1. Name (include maiden name and any other names used in school)

\_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Name of last school attended in Marietta City \_\_\_\_\_

4. Date of Graduation \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_ Last grade \_\_\_\_\_

5. Transcript Only \_\_\_\_\_ Transcript & SAT/ACT Scores \_\_\_\_\_ ALL Student Records \_\_\_\_\_

6. Number of copies needed \_\_\_\_\_ @ \$5.00 each Total \$ \_\_\_\_\_

7. Please provide name and addresses of the college, agency, or person to receive documents:

A. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Signature of authorized person (student if 18 or older) \_\_\_\_\_

9. **ID**  Driver's License  Social Security Card  Passport  Birth Certificate

10. Phone number \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

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**For Records Department Only**

Exempt from Fee (reason): \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Date Received \_\_\_\_\_

Number of Documents: Mailed \_\_\_\_\_ Date \_\_\_\_\_ Picked Up \_\_\_\_\_ Date \_\_\_\_\_



P.O. Box 1265  
250 Howard St. Marietta, GA 30061  
Phone 770-422-3500 Fax 770-425-4095

## Legal Release for School Transcripts

Date: \_\_\_\_\_

I, \_\_\_\_\_ release Marietta City Schools from any legal obligation due to the release of my school records.

I attest that these are my school records and that they will be used to further my education or establish my identity. They will be used in accordance with the laws of the State of Georgia and the United States of America.

\_\_\_\_\_  
Signature of Student/Guardian

Type of ID presented: \_\_\_\_\_



# Marietta city schools

## Third Party Release

Date \_\_\_\_\_

I \_\_\_\_\_ give permission to Marietta City Schools to release my transcript to \_\_\_\_\_.

I \_\_\_\_\_ release Marietta City Schools from any legal obligation due to the release of my school records.

I attest that these are my school records and that they will be used to further my education or establish my identity. They will be used in accordance with the laws of the State of Georgia and the United States of America.

\_\_\_\_\_  
Signature of Student/Guardian

Type of ID Presented \_\_\_\_\_