



# Student Records Office Request

410-222-3869 (Phone) 410-222-3870 (Fax) | studentrecords@aacps.org

Monday–Friday 7:30am–2:30pm

Request for transcripts requires payment of \$5.00 per copy and takes 7 business days to process. Request for a duplicate diploma requires payment of \$10.00 per copy and takes 4–6 weeks to process. Please send payment in form of check or money order to AACPS, along with request form to the above address. Visa or MasterCard is also accepted. Please include your credit card number and expiration date along with this form.

Date of Request \_\_\_\_\_

I, \_\_\_\_\_, hereby give Anne Arundel County

Public Schools permission to release the records of \_\_\_\_\_  
*(Student's name while in school — please print)*

Last Anne Arundel County Public School attended \_\_\_\_\_

Please write in one of the following Year Graduated \_\_\_\_\_ or Year Withdrawn \_\_\_\_\_

Date of Birth \_\_\_\_\_

Record(s) Requested \_\_\_\_\_ High School Transcript \$5.00

\_\_\_\_\_ Duplicate Diploma \$10.00

Credit Card Number and Expiration Date \_\_\_\_\_ MasterCard/ Visa *(Circle One)*

**This is a Non-refundable Form**

Student Signature \_\_\_\_\_  
*(Request Cannot Processed Without Signature)*

Current Address \_\_\_\_\_  
*(Number & Street, City, State, Zip Code)*

Daytime Phone Number \_\_\_\_\_

**Please indicate where you want these documents mailed, e-mailed, or faxed.**

1. Name \_\_\_\_\_

Address \_\_\_\_\_  
*(Number & Street, City, State, Zip Code)*

2. Name \_\_\_\_\_

Address \_\_\_\_\_  
*(Number & Street, City, State, Zip Code)*