Authorization for Release of Student Records

My name on my school re	ecord was:		
•	Last	First	Middle
My current last name is:			
Present Address:	-		
Stree	t		
City		State	Zip
Telephone:	Date of Birth	1;	
I Graduated	Year from Name of		
Month	Year Name of	School	
I did not graduate, I with	drew		
	Name of last Danville Pub	lic School you attended	
On Month and year of with	h August		
Please mail the document	(s) to:		
Name:			-
Address:			_
City, State, Zip			 8
Signature	Dat	te	_
			- 7⁄
	D. I.V. G. I		
Please return to: Danville Attentio	n: Student Records		
	, VA 24541 ne: (434) 799-6434 ext. #245		
•			
There is a \$5.00 fee per re	quest.		
A check or money order is	s made payable to Danville Pub	lic Schools.	
Jpon receipt of your comp vorking days.	pleted release and payment, yo	ur request will be processe	ed within 5
Date Request Received:	Date	Request Processed:	