

**DICKENSON COUNTY PUBLIC SCHOOLS**  
**Official Record Request Form**

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

Which School Last Attended: (Ridgeview High, Clintwood High, Ervinton High, Haysi High, Other)

\_\_\_\_\_

Graduation Date or Dates of Attendance:

\_\_\_\_\_

Complete Name during School Enrollment -Including First, Middle, Last and Maiden if applicable

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Last Four of Social Security Number: (Used for ID verification)

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Current Address:

\_\_\_\_\_

Information Requested: (please check those items requested)

1. \_\_\_\_\_ Official Transcript
2. \_\_\_\_\_ Birth Certificate
3. \_\_\_\_\_ Immunization Record
4. \_\_\_\_\_ Social Security Card
5. \_\_\_\_\_ IEP/504 Plan
6. \_\_\_\_\_ Other (please list) \_\_\_\_\_

Delivery Method:

\_\_\_\_\_ Will Pick Up at Ridgeview High

\_\_\_\_\_ Mail via United States Postal Service (the above Current Address will be used)

\_\_\_\_\_ Fax to location and number as directed below

Payment Information:

A fee of \$7.00 is required for each individual Record Request from former Dickenson County Public School students.

A fee of \$20.00 is required for any 3<sup>rd</sup> Party Record Request (A signed Records Release will be required.)

Payment will need to be made to *Ridgeview High School*.

Payment may be made by check or by credit card using the online payment link provided on the school's website under the Record Request link.

If Records are being picked up at Ridgeview High School by someone other than the individual, please list the name authorized to receive those records. If records are being mailed or you will be picking up the records yourself, please leave blank. (Please print)

Name of Person Picking Up Records: \_\_\_\_\_

Fax Records to: (list location and fax number) \_\_\_\_\_

My signature below authorizes Ridgeview High School to pull my records as requested. I authorize the school to mail my records to the above address, if requested, to release the records to the individual I have listed above, or to fax the records to the location and number as directed above. Otherwise I will pick up the records myself at Ridgeview High School. I also agree to the payment terms as outlined in order for the records to be retrieved.

Required Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please fax this records request to:

Attention: Ridgeview High Guidance Department

Fax Number - (276) 835-1618

Or, you can scan this completed form and e-mail this request to:

Rita Justice, RHS Guidance Counselor at [rjustice@dcps.k12.va.us](mailto:rjustice@dcps.k12.va.us)

Or

Rick Mullins, RHS Guidance Counselor at [ramullins@dcps.k12.va.us](mailto:ramullins@dcps.k12.va.us)

Or, Mail this records request to:

Ridgeview High School  
Attention Guidance Department  
310 Wolfpack Way  
Clintwood, Virginia 24228

For any questions regarding Records Requests, please call (276) 835-1600 and request the Ridgeview High School Guidance Department.