York County School Division
Request for School Transcript

Person making the request
Address

Phone  __________________________   Fax  ________________________

Your name when you graduated
Date of Birth  ____________________

Year you graduated?  ___________ What school?  ________________________________

If you withdrew prior to graduation, what year?  ___________ School  ______________

To whom would you like records mailed?

☐  Self

☐  Other:
Name  ___________________________________________
Address  ___________________________________________

Signature authorizing release of records

Return to:  Records Manager
York County School Division
302 Dare Road
Yorktown, VA  23692
Fax: 855-878-9069

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