Request for Official Grade Records
Georgia Virtual School
Georgia Department of Education
205 Jesse Hill Jr. Drive
1952 Twin Towers East
Atlanta, Georgia 30334
404-657-0574 phone
770-408-3688 fax

A parent/guardian signature is required prior to our release of this information. Please email completed forms to graderequests@gavirtualschool.org. Note: Incomplete forms will not be processed.

Student name (please print) ____________________________________________________________
Parent/Guardian name (please print) ____________________________________________________
Parent email: _________________________________________________________________________
Student date of birth _______________   Home phone (_____)_________________________
Home mailing address _________________________________________________________________

Please check one: □ Release grades now   □ Release grades at end of current semester

I give permission to Georgia Virtual School to release _____ total grade records.

Public and private schools retrieve all final grades from the GaVS system. Grade requests should not be made for students who are enrolled in a Georgia public or private school as the local school will retrieve those grades from GaVS. Contact the local school if grades are not on the official transcript.

Official grade records are mailed in a specially-sealed envelope. Any tampering with the seal invalidates the document. Provide recipient’s email address if a password protected grade report can be emailed. Please send official grade records to the following school(s) or agencies:

1. Name of School, College, or Agency __________________________________________________
   Physical Mailing Address ___________________________________________________________
   City ______________________ State _____________ Zip ______________
   To the attention of: ______________________ Sent on (date) ___________________________
   Recipient’s Email Address: _______________________________________________________

2. Name of School, College, or Agency __________________________________________________
   Physical Mailing Address ___________________________________________________________
   City ______________________ State _____________ Zip ______________
   To the attention of: ______________________ Sent on (date) ___________________________
   Recipient’s Email Address: _______________________________________________________

Parent or Guardian Signature ___________________________ Date _________________________

Please note: Due to high volume requests, processing of this document will take 3-5 business days from the date of receipt. Official grade requests are only sent to schools and educational institutions.