



**Affidavit of Identity to Obtain Student Records Without Photo Identification
State of Georgia**

Personally appeared before the undersigned officer duly authorized to administer oaths,
_____, who after being duly sworn deposes and says as follows:

1. My name is _____. My name while attending Gwinnett County Public Schools (GCPS) was _____. I wish to obtain my educational records from GCPS.
2. My date of birth is _____.
3. My address is _____.
4. My Phone number is _____.
5. The last GCPS school I attended was _____. I graduated or withdrew on _____.
6. I do not currently have photo identification. I am who I say I am, and I have presented sufficient identification to the notary that is true and accurate and that establishes my identity.
7. I understand that educational records are confidential and may only be disclosed with the written permission of the student's parent or legal guardian, or with the written permission of the student (if 18 or older.) I understand that if it is subsequently determined that the material information contained in this affidavit is false, I may be subject to criminal and/or civil penalties.

I have read the foregoing 7 paragraphs and swear that the matters contained therein are true and correct.

Further affiant sayeth not.

Affiant

Sworn to and subscribed

before me this ____ day of _____, 20__.

Notary Public