

# Transcript Request Form

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Last Name

First Name

Middle Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone

E-Mail Address

Are any of your records under a different name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what name: \_\_\_\_\_

I am requesting a (an) \_\_\_\_\_ Unofficial Copy

\_\_\_\_\_ Official Copy

Number of Copies Requested \_\_\_\_\_

Mail to Address below \_\_\_\_\_ Pick up from School \_\_\_\_\_

**PLEASE ALLOW 24-48 HOURS PROCESSING TIME FOR ALL OFFICIAL COPY OF  
TRANSCRIPTS. THIS INCLUDES PICK-UP ORDERS.**

Send transcript(s) to: (Please print clearly. Enter complete name and address.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**There is a \$2.00 charge for each transcript. Amount Enclosed: \_\_\_\_\_**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form and fee to: West Laurens High School**

**3692 Hwy. 257**

**Dexter, Ga. 31019**

**Attn: Records**

**FOR REGISTRAR'S OFFICE USE ONLY**

Date Request Received: \_\_\_\_\_

Date Transcript Sent: \_\_\_\_\_

Sent by: \_\_\_\_\_

