

**TELFAIR COUNTY SCHOOL  
TRANSCRIPT REQUEST FORM**

**P.O. Box 240  
McRae, Georgia 31055  
229/868/5661 phone #  
229/868/5549 fax #**

**Please Note:**

**Make sure that the form is filled out completely and accurately.**

**A transcript request cannot be processed without a signature.**

**Transcripts are processed within 3-5 working days.**

**Official transcript fee: \$2.00      paid (yes) \_\_\_\_\_ (no) \_\_\_\_\_**

**Date** \_\_\_\_\_

**Student Information:**

**Name(s) at time of attendance:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Parents/Guardian Name:** \_\_\_\_\_

**Name of School attended:** \_\_\_\_\_

**Did you graduate?** \_\_\_\_\_yes      \_\_\_\_\_no      **Graduation Date:** \_\_\_\_\_

**Year you left school if you did not graduate:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**SEND TRANSCRIPT TO:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Would you like your transcript?**

\_\_\_\_\_ sent now

\_\_\_\_\_ picked up