Swainsboro High School

TRANSCRIPT REQUEST FORM

Please print the information requested below:

Name: _____
Last First Middle

Phone #:(_____)_____-_____ Email: _____

Date of Birth:_____/_____/_____ Year of Graduation/Withdrawal_____

Signature of Student: _____ Date: _____

By signing above, I hereby consent to the release of any information pertaining to my academic records and/or activities while I attended Swainsboro High School.

Please print the complete name and address of the college(s) in which you would like for your transcript to be mailed.

Mail Transcript to: _____

_____

_____

_____

Mail Transcript to: _____

_____

_____

_____

Mail Transcript to: _____

_____

_____

_____

For Office Use Only

Date Requested: _____

Date Transcripts Sent: _____

Completed by (initial): _____