



**Wilkinson County High School**  
P.O. Box 547  
Irwinton, GA 31042  
478-946-2441 (office) 478-946-7134 (fax)  
www.wilkinson.k12.ga.us

### TRANSCRIPT REQUEST FORM

Date: \_\_\_\_\_

*Please complete the following information for your transcript or records request. Please allow 3 business days for your request to be processed.*

**NAME WHEN ENROLLED IN SCHOOL: (Print legibly)**

Last: \_\_\_\_\_ (Maiden Name)      First: \_\_\_\_\_      Middle: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_

Graduated (Month and Year): \_\_\_\_\_      Withdrawal (Month and Year): \_\_\_\_\_

Special Education (IEP/Psychological):  YES       NO

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

There is a \$2.00 fee for each transcript. The acceptable form of payment is with a money order, check, or cash.

Check all that apply:

- \_\_\_\_\_ Pick-Up
- \_\_\_\_\_ Electronic Submission\*

\*This option is available for students who graduated 2014 and thereafter. Transcript can be sent electronically to a public/private college in the state of Georgia through the GAFUTURE website.

\_\_\_\_\_ Mail

Send Transcript(s) to the following location:

TO: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	Date Completed: _____
School Official: _____	
Comments: _____	