

For Office Use Only	
Amount	_____
Received by	_____
Date	_____
(RH 01/11)	

Canton Public School District

403 East Lincoln Street
 Canton, MS 39046
 Phone: (601) 859-4110 Fax: (601) 859-4023

Transcript Request Form

All requests must be accompanied by payment ♦ 1st Transcript Free (Additional Transcripts \$5.00 each)

Please Print

Date of Request _____

Name _____
 (First) (Middle) (Last) (Maiden)

Give name while attending Canton Public Schools if different than above.

Name _____
 (First) (Middle) (Last)

Address _____
 (Street) (City) (State) (Zip)

Home Phone Number _____ Cell Number _____
 (Area Code) (Area Code)

Email Address _____

Date of Birth _____ Social Security Number _____

Date of attendance From _____ To _____

Did you graduate from high school? ___Yes ___No What Year? _____

Non Graduate/Date and Grade last attended _____ Date _____ Grade _____

Number requested: _____ 1st Transcript Free Additional Transcripts \$5.00 each

Amount Enclosed: _____

If you are requesting a copy of your transcript be sent directly to you, complete the information below.

Name _____
 (First) (Middle) (Last)

Address _____
 (Street) (City) (State) (Zip)

If you are requesting a copy of your transcript be sent to a college/university or another party, complete the information below.

Institution or Party Name _____
 (First) (Middle) (Last)

Address _____
 (Street) (City) (State) (Zip)

Signature _____ Date _____

Transcripts are considered private under the Family Educational Rights and Privacy Act of 1974 (FERPA). A signature is required to release a transcript.

Ordering a Transcript

1. Print the transcript request form.
2. Complete the form. (Please print)
3. Your signature is required.
4. Submit cash or money order payable to Canton Public Schools.
5. If you need assistance or have questions about ordering a transcript, please call (601) 859-4110.

Effective July 1, 2011

Cost of a transcript will be \$5.00 each.