

# The Gwinnett School of Mathematics, Science, and Technology High School

## TRANSCRIPT REQUEST

\_\_\_\_\_  
Legal Name of Student

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Year of Graduation

**Transcripts are \$5 per transcript.**

**There is a 24 hour turnaround.**

**GSMST DOES NOT MAIL TRANSCRIPTS**

\_\_\_\_\_  
Signature of Student or Parent/Guardian

\_\_\_\_\_  
Date

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To be completed by registrar:

**Paid:**  Cash     Check # \_\_\_\_\_ Amount \_\_\_\_\_    **Transcript(s) Received Date:** \_\_\_\_\_ **Student Initials:** \_\_\_\_\_

[Type here]