



Don Thomas
Principal

Giles County High School

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Scott Hanna
Melissa Harper
Assistant Principals

Release of Transcript/Records Form

Date: _____

Please circle information being requested: Transcript / Immunization / Other (specify) _____

Student's Name (as shown on birth certificate):

Last: _____ First: _____ MI: _____

Maiden Name: _____

Did you graduate? _____ If so, what year did you graduate? _____

If you did not graduate, what was the last year you attended? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security No.: (Last 4 digits) XXX-XX- _____

Student Signature: _____ Phone Number: _____

(Parent may sign if student is under 18)

Name of school, university, college, or other addressee for transcript: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Charge for Transcripts

For **STUDENTS ALREADY GRADUATED OR NOT CURRENTLY ENROLLED AT GILES COUNTY HIGH SCHOOL** \$5.00 is payable at the time of the request.

Please return this form to the school by mail or in person along with the \$5.00 fee and your transcript will be sent within five (5) business days from the date it is received.