

GADSDEN CITY HIGH SCHOOL

TRANSCRIPT REQUEST FORM

FILL OUT THIS FORM COMPLETELY (Including Full Address of Receiving School)
THERE IS A \$3.00 CHARGE FOR EACH TRANSCRIPT.

Today's Date _____

Student's Full Name _____
(Give the Full Name Used in High School)

Student's Date of Birth _____ Phone # _____

Graduation Date: _____ Current Grade _____

Signature _____

Fill in One of the Following:

- Give Transcript Back Sealed to: _____
- Mail Transcript to:
Name of School _____
Street Address _____
City _____ State _____ Zip Code _____
- Fax to:
Name of School _____
Fax Number _____

FOR OFFICE USE ONLY—DO NOT WRITE BELOW

Check One: _____ Mailed to School/Employer/Student
_____ Returned to Student/Parent/Other
_____ Given to Appropriate School Personnel
_____ Other _____

Date Request Filled

Paid

Signature of Person Filling Request