

**Transcript Request Form**

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Are any of your records under a different name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what name: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_ Mailed \_\_\_\_\_ Pick Up \_\_\_\_\_

**PLEASE ALLOW 24-48 HOURS PROCESSING TIME FOR ALL OFFICIAL COPIES OF TRANSCRIPTS. THIS INCLUDES PICK UP ORDERS.**

There is a \$2.00 fee for each transcript. Amount Enclosed: \$ \_\_\_\_\_

Send transcripts to: (Please print clearly and provide complete name and addresses. Use back of form if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Mail completed form and fee to:** East Laurens High School  
Attention: Records  
920 U S Highway 80 East  
East Dublin, GA 31027

FOR REGISTRAR'S OFFICE USE ONLY

Date Request Received: \_\_\_\_\_ Date Transcript Sent: \_\_\_\_\_  
Sent By: \_\_\_\_\_

