

# GADSDEN CITY HIGH SCHOOL

## TRANSCRIPT REQUEST FORM

**FILL THIS FORM OUT COMPLETELY** (Including Full Address Of Receiving School)  
***THERE IS A \$2.00 CHARGE FOR EACH TRANSCRIPT***

Today's Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_  
(Give The Full Name Used In High School)

Student's Social Security Number \_\_\_\_\_

Student's Date Of Birth \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Current Grade \_\_\_\_\_

Signature \_\_\_\_\_

---

Fill In One Of The Following:

- Give Transcript Back Sealed: \_\_\_\_\_
- 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