

GADSDEN CITY HIGH SCHOOL

TRANSCRIPT REQUEST FORM

FILL THIS FORM OUT 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 _____

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