



TRANSCRIPT REQUEST/RELEASE FORM

Date of Request: _____

Purpose of Request (Please Check ONE):

College DOB Employer Immigration (Parent) Other: _____

FULL NAME at time of Graduation/Attendance: _____

Current Name (if different than above): _____

School Attended: _____ Year Graduated/Last Attended: _____

Birth Date: _____ Daytime Contact Number: _____

Requested by: Self Employer Other: _____

Transcript is to be: Mailed Picked Up Faxed (NOTE: Transcript is not OFFICIAL if FAXED)

Transcript can be picked up by: _____

Mail Transcript to:	Additional Addresses/Information:
_____	_____
_____	_____
_____	_____
_____	_____

Email requests to: jill_hamilton@whitfield.k12.ga.us

If you are requesting an official transcript and you will NOT be picking it up in person, you MUST supply a clear and legible copy of your Gov't/School Issued Photo ID with this form.

REQUESTS WITHOUT THIS INFORMATION CANNOT BE PROCESSED



Signature Authorizing Release of Records	Date
<small>(Sign ONLY when PICKING UP DOCUMENTS OR requesting VIA FAX/MAIL/E-MAIL)</small>	

Was ID Verified? Yes No Verified by: _____

FOR OFFICE USE ONLY

DOCUMENT FILE LOCATION: _____ TIME REQUEST RECEIVED: _____

NOTES:
