

TRANSCRIPT REQUEST FORM

THERE IS A \$5 FEE PER TRANSCRIPT

Please allow a minimum of 3 business days for processing

Date: _____

Student's Name: _____
(Please list the legal name used while enrolled in school)

Year of Graduation: _____ Phone Number: _____

Mark only one of the following:

I will pick it up.
(Please allow 3 business days for processing)

Fax transcript(s) to the following number:

Mail transcript(s) to the following address:

With my signature, I authorize the release of my high school transcript to the destinations listed above.

Signature _____ Date _____

Please mail all transcript requests to Hancock Central High School, Transcript Request, 11311 Highway 15 North, Sparta, GA 31087 or fax them to 706-444-9918. The transcript fee must be paid in the form of a money order. Please make all payments to the order of Hancock Central High School.