



**Donna Finch**  
Principal

# Marbury High School

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Deatsville, Alabama 36022

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## TRANSCRIPT REQUEST

STUDENT'S NAME WHEN ATTENDED: \_\_\_\_\_  
IF DIFFERENT, CURRENT NAME: \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(IF NON-GRADUATE, LAST YEAR OF ATTENDANCE AT MHS: \_\_\_\_\_)

ADDRESS: \_\_\_\_\_  
(Street) (City/State) (Zip)

SEND RECORD(S) TO: NAME OF COLLEGE or OTHER FULL NAME, ADDRESS & ZIP  
CODE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*AUTHORIZED SIGNATURE: \_\_\_\_\_  
(\*Parent or Guardian must sign unless student is 18 years of age or older\*)

DATE: \_\_\_\_\_

THE SCHOOL WILL FURNISH THE TRANSCRIPT(S) UPON WRITTEN REQUEST. STUDENTS WHO ARE TRANSFERRING FROM MARBURY HIGH SCHOOL TO ANOTHER HIGH SCHOOL WILL NOT PAY A FEE FOR THE PROCESSING OF RECORDS. STUDENTS IN THE LAST AND PRESENT GRADUATING CLASS WILL NOT BE CHARGED FOR THEIR TRANSCRIPT.

ALL OTHER TRANSCRIPT REQUESTS WILL REQUIRE A FEE OF **\$5.00 PER COPY, CASH or MONEY ORDER (NO CHECKS)**, WHICH MUST BE PAID PRIOR TO SENDING THIS RECORD.

**OFFICIAL TRANSCRIPTS MUST BE MAILED AND WILL NOT BE GIVEN TO THE STUDENT FOR HAND DELIVERY. UNOFFICIAL TRANSCRIPTS WILL BE MARKED AS SUCH AND MAY BE GIVEN TO THE INDIVIDUAL.**