

COOSA COUNTY SCHOOLS  
TRANSCRIPT REQUEST

There is now a transcript charge of \$5.00 for each copy of your transcript.

Current Date: \_\_\_\_\_

In order to better protect you and the school system, please complete this form. This form will be filed with your permanent record.

I would like to request a copy of my high school transcript.

Name: \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_

Coosa County School Attended: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

(If not graduate, years attended: ex: 1983, 84, 85, etc.)

Social Security Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address and/or fax number to have transcript sent:

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

Signature of person requesting transcript:

\_\_\_\_\_