



# Samson High/Middle School

209 North Broad Street  
Samson, Al. 36477  
Telephone (334) 898-2371  
Fax (334) 898-7576



DeWayne Hamilton  
High School Principal

Ashley Sanders  
Middle School Principal

## CURRENT STUDENT TRANSCRIPT REQUEST

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

D.O.B. \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

REASON FOR REQUEST: (I.E. COLLEGE APPLICATION, SCHOLARSHIP, ETC.)  
\_\_\_\_\_

### PLEASE CHOOSE OPTION BELOW:

I WILL PICK UP THE TRANSCRIPT IN PERSON.

The only person authorized to pick up your transcript besides you is your parent/guardian. It cannot be given to another student.

I WOULD LIKE THE TRANSCRIPT MAILED.

PLEASE MAIL TO THE FOLLOWING NAME AND MAILING ADDRESS:

Name of Person/Business/College: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### FEE: THERE IS NO FEE FOR CURRENT STUDENTS FOR TRANSCRIPTS.

- Transcripts will be processed as soon as possible, however, it may take up to 48 hours for transcript requests to be processed.
- Transcripts cannot be faxed unless requested by and sent directly to college/university.
- Transcripts that need to be uploaded into a scholarship or college application must be done in conjunction with the counselor. Please see the counselor to arrange this.

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

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**For Office Use Only:**

Date Request Received: \_\_\_\_\_

Date Transcript Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

Picked Up - Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mailed - Date: \_\_\_\_\_ Initials: \_\_\_\_\_