

DeWayne Hamilton High School Principal

NAME:_

Samson High/Middle School

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



Middle School Principal

TRANSCRIPT REQUEST

	(FIRST)	(MIDDLE)	(LAST)	(MAIDEN)
D.O.B		GRAI	OUATED (YEAR)	:
NON-GRADUATE (LAST YEAR ATTENDED):				
TELEPH	ONE NUMB	ER: ()	
PLEASE CHOOSE OPTION BELOW:				
☐ I WILL PICK UP TRANSCRIPT IN PERSON. IF PICKING UP, NAME OF PERSON OTHER THAN FORMER STUDENT WHO IS AUTHORIZED TO PICK UP TRANSCRIPT: (Please Print)				
☐ 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: TRANSCRIPT FEE IS \$5.00 PER TRANSCRIPT. Transcript Fee must be paid before transcript will be processed Fee may be paid in cash, money order, or check. No credit cards are accepted. Checks can be made to: SAMSON HIGH SCHOOL 				
SIGNAT	URE:			DATE:
For Office Use Only: Date Received: Payment Received: □ Cash □ Money Order □ Check #				
\Box P	icked Up - Dat	: Ini e: Sig In	nature:	