



# East Gadsden High School

27001 Blue Star Memorial Highway

Havana, Florida 32333

Telephone: (850) 662-2300

Fax: (850) 539-2818

[www.eghs.gcps.k12.fl.us](http://www.eghs.gcps.k12.fl.us)

Sonya Jackson  
Principal

Mission: To Educate and Produce Future Leaders ...

## TRANSCRIPT REQUEST

Please allow (3-5) business days for transcripts 1991 to present up to 10 business days for transcripts 1989 – older or any record pertinent to your cumulative folder to be processed. Records will be mailed to institutions or business upon request. **Official Transcripts are \$5**; Unofficial Transcripts & Immunizations are \$3 per requested copy. **NO RECORDS CAN BE FAXED.**

Mail payment to: East Gadsden High School  
ATTN: Tinika McNeil  
Guidance Suite 138  
27001 Blue Star Memorial Hwy  
Havana, FL 32333

### OFFICE USE ONLY

Date Processed: \_\_\_\_\_

Pick-up       Mailed

F.A.S.T.E.R (College Only)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Student I.D. : \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
(female please use maiden name)

Last School Attended: \_\_\_\_\_ Graduation Date/Year \_\_\_\_\_

Last Year of attendance (only non-graduates): \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ 2nd Contact #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Person Requesting Transcript: \_\_\_\_\_ No. of copies: \_\_\_\_\_

### PLEASE DO NOT OMIT THIS SECTION

Release of records/statement: I hereby give permission for my transcript of any other document(s) pertinent to my cumulative folder to be released to the following persons / institutions:

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

### PLEASE MAIL TO: Must have complete address:

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

Purpose (√ the appropriate box)  Official Transcript (with seal)  unofficial transcript (w/o seal)  Immunization Only

\_\_\_\_\_  
Signature of Person Receiving Transcript Request      Payment Received \$ \_\_\_\_\_  Not Paid