

# CENTRAL GWINNETT HIGH SCHOOL

## TRANSCRIPT REQUEST

Student Name: \_\_\_\_\_  
Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Student Email: \_\_\_\_\_

Do you currently attend Central Gwinnett HS? ☐ Yes (skip the next question)  
☐ No (continue to the next question)

Do you attend CGHS within the last school year? ☐ Yes (continue to next question)  
☐ No - Please call 678-301-6144 to request a transcript.

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Please prepare an official transcript of my academic records for the following institution(s):  
(There is a \$5.00 fee for *each* transcript.)

1. Name of Institution: \_\_\_\_\_
  2. Name of Institution: \_\_\_\_\_
  3. Name of Institution: \_\_\_\_\_
- 

Initials

\_\_\_\_\_ I understand that my transcript will NOT be mailed directly to the institution(s) indicated above, and that it is MY responsibility to ensure that my transcript gets delivered.

\_\_\_\_\_ I understand that my official transcript will be provided to me in a sealed envelope.

\_\_\_\_\_ I understand that I can pick up my transcript in the Counseling Office 24 hours after turning in this request.

Please remit cash or check in person to the Counseling Office OR mail this request along with a check to:

Central Gwinnett High School  
Transcript Request  
564 W. Crogan St.  
Lawrenceville, GA 30046

Students currently enrolled at CGHS may pay for transcripts online at [www.mypaymentsplus.com](http://www.mypaymentsplus.com)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date of Request)