

Date:

Time:

Action taken:

**AMERICUS-SUMTER COUNTY HIGH SCHOOL
SOUTH CAMPUS**



**805 HARROLD AVENUE AMERICUS, GEORGIA 31709
Phone (229)924-3653 Fax (229)931-8615**

**TRANSCRIPT/RECORDS REQUEST FORM
(\$5 Official- \$3 Unofficial)
5-7 DAY TURN AROUND**

APPLICANTS CURRENT NAME AND ADDRESS:

NAME _____

ADDRESS _____

PHONE _____

INFORMATION ON HIGH SCHOOL RECORD:

NAME _____

DATE OF BIRTH _____ SS# _____ (last four digits)

Did Applicant graduate from High School?

Yes, give the year of graduation _____

No, give the last year attended _____

**INSTITUTION NAME AND ADDRESS YOU WANT TO RECEIVE
RECORDS:**

SIGNATURE OF APPLICANT _____

Today's Date _____