TRANSCRIPT REQUEST

Pascagoula High School

1716 Tucker Ave

Pascagoula, MS 39567

Please print all information legibly or type this online form and sign. Please enclose a money order for the $2.00 per transcript fee. We cannot accept personal checks. Please mark envelope, “Transcript Request.”

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| --- | --- | --- | --- | --- | --- |
| Last Name: |       | First Name |       | MI |       |

|  |  |
| --- | --- |
| Last Name while attending PHS, if different: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Social Security Number: |       | Birth Date: |       |

|  |  |
| --- | --- |
| Date graduated: |       |

|  |  |
| --- | --- |
| Will graduate: |       |

|  |  |
| --- | --- |
| Withdrew: |       |

Full Name and Address of College or Institution where transcript is to be mailed:

**Official transcripts must be mailed directly from Pascagoula High School.**

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| --- | --- |
| Date of request: |       |

|  |  |
| --- | --- |
| Student signature: |  |

|  |  |
| --- | --- |
| Parent / guardian signature: |  |

*Student under the age of 18 must have a parent/guardian signature on the form.*

**Transcripts will be sent with a 48-hour advanced written request**.