GALESBURG-AUGUSTA HIGH SCHOOL

Former Student Transcript Request Form

(To avoid delays, fill out this form completely and clearly including signature and date at the bottom.)

Name			Date of Birth
Last	First	Middle	
Maiden Name (if a	pplicable) or name yo	ou graduated with	
Current Address			
Current Phone Nur	nber		
HIGH SCHOOL STA	TUS: (check one)		
Graduated	Transferred	(*)	Dropped
Year of graduation	or last year attended	d (month/year)	
You will need to co	ontact them directly.		nscript as well as your cumulative permanent record ntional records of the above named; do hereby grant
consent to Galesbu	ırg-Augusta Commun	nity Schools to relea	ase my high school transcripts.
Signature		Date	
Please se	end an official copy o	of my transcript to	the address listed below
Please fa	ax a transcript to the	fax listed below.	
Address for mailing	g:		
Fax to (# and atten	tion of):		
Mail or fax this co		llesburg-Augusta H Iidance Office 76 North 37 th St.	ligh School
	Ga Pł	nlesburg, MI 4905 none: (269) 484-20 nx: (269) 484-2011	010