

CATOOSA COUNTY BOARD OF EDUCATION  
Student Records  
P.O. Box 130  
Ringgold, Georgia 30736

TRANSCRIPT REQUEST FORM

Phone (706) 935-0667  
FAX (706) 965-8913

\_\_\_\_\_  
Student's Last Name / First Name Middle Name Maiden Name

\_\_\_\_\_  
Current Address – City, State, Zip Phone Number

\_\_\_\_\_  
Date of Birth Social Security # Name of School Attended

\_\_\_\_\_  
Year of Graduation If did not graduate, date last attended

\_\_\_\_\_  
Father's Name Mother's Name

I hereby give my permission for a transcript of my grades to be sent to the following address:

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

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Student

Transcripts can only be released with the consent of the student and only with the student's signature attached. Transcripts cannot be released by telephone. All transcript requests must be in writing. Transcripts released to the individual or mailed to the individual student will be labeled "UNOFFICIAL COPY". The transcript will be mailed within three (3) days after receipt of the request form.

\_\_\_\_\_  
Signature of Records Custodian

\_\_\_\_\_  
Date Sent

THIS FORM IS GOOD FOR NINETY DAYS.