

# REQUEST FORM

Mobile County Public Schools, Records Dept., P. O. Box 180069, Mobile, AL 36618 - Phone: 251-221-4274

**\*\*\*\*\* PICTURE I.D. IS REQUIRED \*\*\*\*\***

**Transcripts - \$5.00 Per Copy      Duplicate Diplomas - \$15.00  
ALLOW 2 WEEKS FOR PROCESSING DUPLICATE DIPLOMAS**

Complete this form for a copy of your Transcript or to order a duplicate Diploma. An Unofficial copy of your Transcript may be picked up or mailed to home address, with proof of I.D. Official copies are sent directly to the College, Employer or asking Agency. Duplicate Diplomas are mailed to home address, unless stated below for pick up. ATTACH a legible copy of your I.D., ONLY when mailing in request for a duplicate Diploma and / or Unofficial Transcript copy, for return to your home address. **FAXED REQUESTS NOT ACCEPTED**

Your full (birth / maiden) name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your full name TODAY: \_\_\_\_\_ Race: \_\_\_\_\_

Your address while in school: \_\_\_\_\_ SS#: \_\_\_\_\_

Your Parent or Guardian's name on school record: \_\_\_\_\_

List any brothers and sisters who were in attendance at the same time: \_\_\_\_\_

NAME OF SCHOOL(S) ATTENDED (list in order of attendance)	GRADE LEVELS ATTENDED	LAST YEAR ATTENDED OR YEAR OF GRADUATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHECK BELOW (one from each column)**

Today's Date: \_\_\_\_\_

**Document(s) Requesting:**

**Purpose of Request:**

**Signature:** \_\_\_\_\_

Transcript \_\_\_\_\_

Employment \_\_\_\_\_

(person completing this form)

Diploma \_\_\_\_\_

DDS / SSA \_\_\_\_\_

**Current Address:** \_\_\_\_\_

Transcript \_\_\_\_\_

School (College) \_\_\_\_\_

DOB, name verification \_\_\_\_\_

and \_\_\_\_\_

Legal Services \_\_\_\_\_

(City) (State) (Zip Code)

Diploma \_\_\_\_\_

Other \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

For Office Use Only	
Date Received:	_____
Date Trans. P/U, Mailed Faxed, Emailed:	_____
Date Diploma Mailed:	_____
Amount Paid:    \$\$	_____
Checked I.D.    (v)	_____

(Complete this portion to request Mail, Fax and/or Email of your transcript)

**NAME AND ADDRESS TO MAIL TRANSCRIPT:**

**\*\*NOTE\*\***

Transcript Fee  
Is Per Copy

Picked Up, Mailed,  
Faxed or Emailed

Fax / Email: \_\_\_\_\_