rev. 12/12/14

Office Use Only	

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 - $2.00 DIPLOMAS - $10.00

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, w/ proof of I.D. Official copies are sent directly to the College, University or asking Agency. Duplicate Diplomas are mailed to home address, unless stated below on this form. ATTACH a legible copy of your I.D., ONLY if you are 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:

Transcript _____

Diploma _____

Transcript and Diploma _____

Purpose of Request:

Employment _____

DDS / SSA _____

School (College) _____

DOB Verification _____

Legal Services _____

Other _____

Signature: _____
(person completing this form)

Current Address:

_____

_____

_____
(City) (State) (Zip Code)

Phone: _____

Relationship to student: _____

Mail Transcript / Diploma To:

_____

_____

_____

_____

Fax / Email To: _____

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