

TRANSCRIPT REQUEST- NO REFUNDS GIVEN

Date_____

Name_____

Last

First

Middle

Maiden Name_____

Address_____

Phone#:_____

Date of Birth_____

Father's Name_____

Mother's Name_____

Year of Graduation_____

Year of Withdrawal (If You Did Not Graduate):_____

Check One Of The Following:

_____ I Will Pick-Up

_____ Mail Request

Mail To: A Complete Address Must Be Furnished

Individual_____

College or Business_____

Address_____

Cost: \$15.00 Cash or Money Order per Transcript. No Personal Checks Will Be Accepted.

Must Be Paid at Time of Request.

Send Request and payment to: **Attn: Judy Vann**

Phenix City Board of Education

P.O. Box 460

Phenix City, Al 36868-0460

Transcripts are processed on Tuesdays and Thursdays. They may be picked-up after 2:00 p.m.