

TRANSCRIPT REQUEST FORM

This form authorizes personnel at Savannah High School to provide the requested transcript for the person whose signature is listed below. A **\$2.00 fee** is required for this service. **The \$2.00 fee must be received by us before we will send your transcript.**

NAME _____			BIRTH DATE _____
(FIRST NAME)	(MIDDLE)	(LAST NAME/MAIDEN NAME)	
Please PRINT your name as it would have been in high school			
ADDRESS _____			
(STREET ADDRESS)	(CITY & STATE)	(ZIP CODE)	
DID YOU GRADUATE FROM SAVANNAH HIGH SCHOOL? ____YES ____NO			
YEAR OF GRADUATION _____		LAST YEAR OF ATTENDANCE _____	

TRANSCRIPT NEEDED FOR: _____JOB _____EDUCATION _____OTHER			
OFFICIAL (SEALED) _____	UNOFFICIAL _____	PICK UP _____ (DATE)	
SEND TO: _____		_____	
(DEPARTMENT, COLLEGE, OR AGENCY)		(OFFICE OR PERSON'S NAME)	
_____		_____	
(STREET ADDRESS/PO BOX)	(CITY)	(STATE)	(ZIP)

PRINT PRESENT NAME _____

SIGNATURE _____ DATE _____