

Aberdeen High School  
P.O. Box 607  
Aberdeen, MS 39730

**TRANSCRIPT REQUEST FORM**

Date: \_\_\_\_\_

Name (Maiden name if Married): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last four digits of your social security number: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Please mail an official copy of my transcript to:

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

Please Fax my transcript to: \_\_\_\_\_

***\*THERE IS A \$2.50 FEE THAT MUST BE PAID TO PROCESS THE TRANSCRIPT\****

***\*The above information MUST BE correct or transcript WILL NOT be processed\****

***\*THERE IS A 24-48 HOUR PROCESS ON YOUR REQUEST\****

***\*TRANSCRIPTS ARE PROCESSED IN THE ORDER THEY ARE RECEIVED\****

---

**OFFICE USE ONLY:**

RECEIVED BY: \_\_\_\_\_

PAYMENT RENDERED: \$ \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_