

# WARE COUNTY HIGH SCHOOL

## Transcript Request Form

First Name	Middle Name	Last Name	Maiden name
Social Security Number		Date of Birth (MM/DD/YYYY)	Daytime Phone
Street or P O Box		City	State Zip
			3-28-14
Signature of Student			Date
Signature of Parent or Guardian (If student is a Minor)			Date

### ENROLLMENT INFORMATION

Presently Enrolled: Yes No Did you Graduate? \_\_\_\_\_ If so, What year? \_\_\_\_\_

County: Ware Name of School: \_\_\_\_\_

### PURPOSE OF TRANSCRIPT

College \_\_\_\_\_ Employment \_\_\_\_\_ Student Copy \_\_\_\_\_ Other \_\_\_\_\_

### MAIL TRANSCRIPT TO

Number of Copies Requested \_\_\_\_\_

### MAIL TRANSCRIPT TO

Number of Copies Requested \_\_\_\_\_

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### AUTHORIZATION FOR RELEASE OF RECORDS

\_\_\_\_ By checking this box and signing above, I do hereby consent to the release of any information pertaining to my academic records and/or activities while I attended a Ware County or Waycross City Schools. I agree to assume all legal responsibility and do hereby relieve the person who provides such information from any liability, regardless of any action, which might arise resulting from the release of that information.

### PERSONAL PICK-UP INFORMATION

Number of Copies Requested \_\_\_\_\_

### PROCESSING TIME AND FEES

Two business days shall be allowed for the processing of a student transcript prior to pick-up or mailing. A \$3 PER transcript processing fee applies to student who have graduated or been out of school more than six months. Payment must be received before transcripts will be processed

\*\*\*For Office Use Only\*\*\*\*\*

Date Requested \_\_\_\_\_ Date Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_