

TRANSCRIPT REQUEST

CHARLTON COUNTY SCHOOL SYSTEM

NAME: _____
LAST FIRST MIDDLE

FULL NAME WHILE A STUDENT AT CCHS: _____

DATE OF BIRTH: _____ LAST 4 OF SS# XXX-XX-_____

PHONE NUMBER: (____) _____

GRADUATION YEAR: _____

NON- GRADUATION YEAR: _____

NAME of School or Addressee

MAILING ADDRESS: (FOR TRANSCRIPT)

CCHS GRADUATES ARE PROVIDED ONE FREE TRANSCRIPT WITHIN ONE YEAR OF GRADUATION.
ALL OTHER TRANSCRIPTS ARE \$3.00 EACH.

PLEASE MAIL CHECK OR MONEY ORDER TO THE FOLLOWING ADDRESS:

CHARLTON COUNTY BOARD OF EDUCATION
ATTN: TRANSCRIPT REQUEST
37 TOUCHDOWN LANE
FOLKSTON, GA 31537
FAX: 912-496-2595