



Greenwood High School Transcript Request

Please print the form and complete. Mail to: Greenwood High School,
Counselor's Office, 501 Bulldog Loop, Greenwood, AR 72936
or Fax to: 479-996-6548 or email signed copy to
melannie.jantzen@greenwoodk12.com

Full Name at Graduation

Date of Birth

Graduation Year

Last 4 digits of Social

Number of transcripts: \$1.00 each

Email Address

Phone Number

Check one of the following:

_____ I will pick up transcripts in the counselor's office
(Please allow 24 hours, once received in our office for processing requests)

_____ Fax a copy of my transcript to: _____
(Faxed transcripts are UNOFFICIAL)

_____ Please mail transcripts to: _____

Signature

Today's Date