

Request for Official Washington County Schools Transcript

Fee: \$1.00 (cash only)

For 2007 and after graduates, allow 2 business days / For years prior to 2007, allow 5 business days

Name on school record:

First Name *Middle* *Last Name*

Name used now:

First Name *Middle* *Last Name*

Date of Birth:

Did student graduate? Yes No

Phone Number:

Year of graduation or last year attended:

Parent Name(s) on record:

This transcript will be: Picked Up Mailed

ID is required to pick up your transcript. If you are authorizing someone else to pick up the transcript, please provide their name and have them bring their ID.

I authorize _____ to pick up my transcript.

Address of institution where transcript is to be mailed:

Institution:

Street Address:

City:

State & Zip:

Student Signature:

Date:

Transcript will not be released without this signature.

For Board Of Education Official Only

Completed by:	Date Received:	Date Completed:
Payment Received by:	Date:	

Return form to: Washington County Board of Education
Attention: Transcript Request
501 Industrial Drive
Sandersville, GA 31082

or Fax form to: 478-552-3128

