



White County School System Transcript Request Form

Please return completed form & payment to:

Central Enrollment/Records Office • 136 Warriors Path, Suite 100 • Cleveland, GA 30528
Phone: (706) 865-2315, Ext. 1101 • Fax: (706) 348-4468

FULL LEGAL NAME REQUIRED: (Please use MAIDEN name.)

Name: _____ Date of Birth: _____

Address: _____

City; State; Zip: _____ Phone Number: _____

Did you graduate? Yes No If yes, what year? _____

If not, what was the last month and year attended: _____

PURPOSE OF TRANSCRIPT:

College Employment Student Copy (Unofficial) Other: _____

Please allow five (5) business days for the processing of a transcript prior to pick-up or mailing. A \$5.00 per transcript processing fee applies to students who have graduated or been out of school more than six months. Payment must be received before transcripts will be processed.

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

City State Zip

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City State Zip

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

City State Zip

Signature _____

Date _____

***** OFFICE USE ONLY *****
Paid: _____ Pick-up: _____ Mailed: _____