



Transcript Requests Information

**Holtville High School
10425 Holtville Rd.
Deatsville, AL 36022
334-569-3034
FAX 334-569-1013**



Transcripts are \$5.00 each. Payment may be cash, check or money order. Please make check or money order payable to HHS. Your transcript will not be released until payment has been received.

Please plan ahead for ALL transcript requests. As a general rule, your transcript will be processed as soon as payment is received to be sent to your receiving institution.

PLEASE READ:

- **All transcript requests must be submitted in writing - no requests taken by phone**
- **Official transcripts must be sent directly to the institution or employer by the registrar's office**
- **Official transcripts CANNOT be given to a student or parent**
- **Students or parents may request an unofficial transcript - a valid id is required**
- **Test scores (SAT, ACT) will be sent with all transcripts unless otherwise noted on the request**
- **Copies of diplomas are not kept on file**

HOW TO REQUEST:

Transcript request forms are available in the Guidance office and at the front office of the school. If you are under 18 years of age, please have your parent/legal guardian sign the form.

The form is also available below. The completed form may be mailed, faxed, emailed or brought in person to the school.

Mail to:

***Sue Connor, Registrar
Holtville High School
10425 Holtville Rd.
Deatsville, AL 36022***

Fax: 334-569-1013

Email: *sue.connor@elmoreco.com*

For questions? Call Sue Connor, Registrar or Kim Miller, Guidance Counselor (334) 569-3034



HOLTVILLE HIGH SCHOOL
10425 Holtville Rd.
Deatsville, ALABAMA 36022
334-569-3034
334-569-1013 (FAX)
TRANSCRIPT REQUEST

Amount Paid _____
Cash ☐ Check # _____

Date _____
Initials _____
Pick up ☐ Mailed ☐
Electronically Filed ☐

DATE: _____

STUDENT'S NAME: _____

ATTENDANCE DATE: _____

FROM: _____ TO: _____

DATE OF BIRTH: _____ Last 4 digits of S.S.# _____

LAST GRADE COMPLETED: _____

I HEREBY AUTHORIZE HOLTVILLE HIGH SCHOOL TO RELEASE MY SCHOOL RECORDS TO THE FOLLOWING
INSTITUTION or EMPLOYER:

INSTITUTION/EMPLOYER AND ADDRESS:

SIGNATURE OF STUDENT, PARENT, OR GUARDIAN

*** IF A PERSON IS 18 YEARS OF AGE, ONLY HE OR SHE MAY CONSENT TO ACCESS OF RECORDS.

*** IF A STUDENT IS UNDER 18, ONLY THE PARENT OR GUARDIAN MAY CONSENT TO ACCESS
OF RECORDS.