

George W. Long High School

Transcript Request Form

Student Information

Date Requested: _____ Current Grade Level: _____

Last Name: _____ First Name: _____ MI: _____

Full name while attending LHS, if different from name listed: _____

Date of Birth: _____ Dates of Attendance: _____

Email Address: _____ Phone Number: _____

Send Transcript

Number of Transcripts to be sent to the address below: _____

If currently enrolled, should the request be held until all grades from this term are finalized and appear on the transcript? Yes No

Select one (1) mailing method

- I will pick up my transcript in person.
- I will provide a pre-paid shipping label so that my transcript can be Express Mailed.
- I would like my transcript to be sent via Regular Mail.
- I would like my transcript emailed to the following email address:

_____.

Send transcript to (address): *additional space on back

Name of College: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special instructions: _____

Permission to Release Records

I (Print Name), _____, hereby authorize the release of my official transcript(s) to the recipients specified in the transcript request.

Signature: _____ Date: _____

To submit this form, email it to bsted@dalecountyboe.org, fax it to 334-774-0889, or mail it to:
George W. Long High School • Attn: School Counselor • 2565 County Road 60 • Skipperville, AL 36374

Send transcript to (address):

Name of College: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Send transcript to (address):

Name of College: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Send transcript to (address):

Name of College: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Use Only:

Method of delivery/date:

Mailed: _____ **Emailed:** _____ **Faxed:** _____ **Hand Delivered:** _____