



Greenville Public School District

OFFICIAL TRANSCRIPT REQUEST

Please complete this form and return along with payment to:

There is a \$5.00 Processing Fee per copy of transcript. A minimum of 3 to 5 business days required to process transcript requests.

Receipt Number: _____

Date: _____

Greenville Public School District
Office of Student Records
409 South Main Street
Greenville, MS 38701
Phone: (662) 334-7000 Fax: (662) 334-7184

APPLICANT'S INFORMATION

Full name during attendance: _____

Date of Birth: _____

Current Address: _____

Current Phone Number: _____

Did applicant graduate from Greenville Public School? Yes No

If "Yes", what school, and what year? _____

If "No" what is the last date of attendance? _____

Applicant's Signature: _____

If not applicant, what's your relationship to applicant? _____

OTHER INFORMATION

Applicant's Parent's Name(s): _____

Transcript will be Picked up from this office Mailed to: _____

Call this number for pick-up: _____

FOR OFFICE USE ONLY:

Date Received: _____

Number of copies requested: _____

Date Processed: _____

Fee Received: Yes No

Fee was given to: _____

Amount Received: \$ _____

Transcript was mailed / picked up

Transcript was faxed to: _____