



PIEDMONT HIGH SCHOOL OFFICIAL TRANSCRIPT REQUEST FORM

DATE OF REQUEST: _____

YEAR OF GRADUATION: _____

NAME: _____
LAST FIRST MIDDLE

NAME WHILE AT PHS: _____
(IF DIFFERENT) LAST FIRST MIDDLE

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ DATE OF BIRTH _____

***Official ACT (www.act.org) and SAT/AP (www.collegeboard.com) scores must be requested directly from the testing agency. ***

Due to federal law, no information concerning a student's record can be sent out until the records release form has been signed. If a student is under 18 years of age, the form must also be signed by the parent/guardian.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

RECIPIENT OF TRANSCRIPT

() PLEASE SEND TRANSCRIPT TO:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

THIS COMPLETED FORM WITH PAYMENT MAY BE RETURNED TO PHS, 750 TOM BIBLE MEM HWY, PIEDMONT, AL 36272. ANY ADDITIONAL INFO NEEDED PLEASE CALL 256-447-2829.

NUMBER OF TRANSCRIPTS REQUESTED: _____ X \$4 = \$ _____
CHECKS SHOULD BE MADE PAYABLE TO "PIEDMONT HIGH SCHOOL."

() Paid via mailed check

() Paid via PayPal

FOR OFFICE USE ONLY

DATE MAILED/DELIVERED: _____ INITIALS: _____