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**"OUR PROMISE"
CLEAN AND SAFE SCHOOLS FRIENDLY AND COURTEOUS STAFF
INSTRUCTIONAL ACCOUNTABILITY FISCAL RESPONSIBILITY**

Transcript Request Form

Date _____ Number of Copies _____ Signature _____

Birth Date _____ Social Security Number _____

Address to send transcript:

Your full Name and current Address: If requesting unofficial Transcript.

Please print ANY other name which you might be listed in our records (maiden name)

Transcript request fee - \$5.00 per mailed/faxed transcript. Please send this form and fee to the attention of Book-Keeper at P.O. Box 7, Goshen, Alabama 36035. Any transcript issued to a student will be Unofficial. Official transcripts will be mailed or faxed directly to college, university, or official of an organization upon receipt of the request form and fee.

NOTE: Fee does NOT apply to currently enrolled students