

Date:

Time:

Action taken:

AMERICUS-SUMTER HIGH SCHOOL



805 HARROLD AVENUE AMERICUS, GEORGIA 31709
Phone (229)924-3653 Fax (229)931-8615 idavis@sumterschools.org

TRANSCRIPT/RECORDS REQUEST FORM (\$5 Official- \$3 Unofficial) 5-7 DAY TURN AROUND

APPLICANTS CURRENT NAME AND ADDRESS:

NAME _____

ADDRESS _____

PHONE _____

INFORMATION ON HIGH SCHOOL RECORD:

NAME _____

DATE OF BIRTH _____ SS# _____ (last four digits)

Did Applicant graduate from High School? _____

Which High School? _____

Yes, give the year of graduation _____

No, give the last year attended _____

INSTITUTION NAME AND ADDRESS YOU WANT TO RECEIVE
RECORDS:

SIGNATURE OF APPLICANT _____

Today's Date _____

This FORM MUST BE PRINTED and PRESENTED in PERSON or
MAILED with PAYMENT