



REQUEST FOR OFFICIAL STUDENT TRANSCRIPTS

All information must be provided

I hereby authorize release of my scholastic record:

Date: _____

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Choose one: Graduation Year _____ Transfer Year _____ Withdrawal Year _____

Date of Birth: _____ Phone Number: _____

Transcript Fee:

- Students currently enrolled in Murray County Schools : No Charge
- Students, who have graduated or are no longer enrolled, will be charged \$3.00 for each copy and **\$5.00 for same day processing.**

Number of **Official** Copies Needed: _____ (*Official copies are stamped with the school seal and sealed in a an envelope with a signature. They are required by colleges and most scholarships.*)

I will take my records with me. Does it need to be official? Yes or No (circle one)

I will pick them up on _____

Please mail to:

Name/Place

Name/Place

Address

Address

City State Zip

City State Zip

AUTHORIZED SIGNATURE

OFFICE USE ONLY

No. copies made

Date

Clerk

Charge: \$