10/23/2018

REVISED

**TRANSCRIPT REQUEST**

***GRADUATES ONLY***

Stanhope Elmore High School

4300 Main Street

Millbrook, AL 36054

334-285-4263

FAX 334-285-4575

Transcripts are $5.00. You can pay with cash, check, or money order made payable to SEHS. Your transcript will not be released until payment has been received.

Transcript requests must be made in writing. If you live locally, you can come to the main office and fill out a transcript request form. If it is not convenient, or if you live out of town, you can download and print this form. Send the completed form, along with the $5.00 fee, to the address below:

Stanhope Elmore High School

Registrar’s Office

4300 Main Street

Millbrook, AL 36054

* ***TRANSCRIPTS WILL BE PROCESSED WEEKLY AND WILL BE MAILED OR AVAILABLE FOR PICK UP EACH FRIDAY AFTER 1:00PM.***
* **Transcript request received after 1:00pm on Thursday will not be mailed or available until the following Friday after 1:00pm.**
* An official transcript must be mailed directly to a school or an employer. Please provide the name of the school or business, the department, and the complete address.
* We **will not** FAX transcripts.
* A transcript sent directly to you will be marked **UNOFFICIAL**. A transcript is not **OFFICIAL** unless it is mailed directly to a college or business from a high school. You cannot “hand-carry” an **OFFICIAL** transcript yourself.
* Your transcript will show all grades, test scores, and your graduation date.
* We do not keep copies or your original diploma.

For the protection of your personal information, please have a photo ID available if you plan to pick up a transcript.

We will not release transcripts to anyone other than the graduate requesting the transcript without their written consent.

Questions:

Charley Stinchcomb

Registrar, Stanhope Elmore High School

334-285-4263, ext. 64050

charley.stinchcomb@elmoreco.com

**TRANSCRIPT REQUEST FORM**

***GRADUATES ONLY***

STANHOPE ELMORE HIGH SCHOOL

REGISTRAR’S OFFICE

4300 Main Street

Millbrook, AL 36054

Phone: 334-285-4263 FAX: 334-285-4575

**STUDENT INFORMATION**

**PRINT FULL NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) Middle) (Maiden)

**SOCIAL SECURITY NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S CURRENT ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Address) (Apt. No.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (ZIP)

**HOME PHONE: (\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALT. PHONE: (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTENDANCE**: (Complete One)

 Year Graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Withdrawal Grade/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSCRIPTS CAN NOT BE FAXED**

**SPECIAL INSTRUCTIONS**

***TRANSCRIPT WILL ONLY BE OFFICIAL IF MAILED***

Please circle one of the following: Will Pick-Up Mail Now

**MAIL TRANSCRIPT TO:**

Name of College/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IF YOU REQUESTING FOR YOUR TRANSCRIPT TO BE MAILED, PLEASE PROVIDE THE MAILING ADDRESS**

***\*\*\*TRANSCRIPT WILL NOT BE MAILED IF ADDRESS IS NOT PROVIDED\*\*\****

Signature of Student Date

Signature of Parent/Guardian (Required if student is under 18) Date

 **FOR OFFICE USE ONLY**

**\*\*COST IS $5.00 Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time Paid\_\_\_\_\_\_\_\_\_\_\_\_**

**PER TRANSCRIPT Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailed\_\_\_\_\_\_\_\_\_\_\_\_\_\_**