George W. Long High School

Transcript Request Form

Student Information

Date Requested:	Current Grade Level:	
Last Name:	First Name:	MI:
Full name while attending LHS	, if different from name listed:	
Date of Birth:	Dates of Attendance:	
Email Address:	Phone Number:	
Send Transcript Number of Transcripts to be sent If currently enrolled, should the r transcript? □ Yes □ No	to the address below: equest be held until all grades from this term are	e finalized and appear on the
☐ I would like my transcript ☐ I would like my transcript ☐ Send to transcript to (addr Name of College:	shipping label so that my transcript can be Esot to be sent via Regular Mail. It emailed to the following email address:	
	State:	Zip Code:
Permission to Release Re	ecords	
I (Print Name),		y authorize the release of my official
	specified in the transcript request.	
Signatura:	Date:	

To submit this form, email it to bsteed@dalecountyboe.org, fax it to 334-774-0889, or mail it to: George W. Long High School • Attn: School Counselor • 2565 County Road 60• Skipperville, AL 36374

Send to transcript	to (address):		
Name of College: _			
Address:			
			Zip Code:
Send to transcript	to (address):		
Name of College: _			
Address:			
City:		State:	Zip Code:
Send to transcript	to (address):		
Name of College: _			
Address:			
			Zip Code:
		Office Use Only:	
		Method of delivery/date:	
Mailed:	Emailed:	Faxed:	Hand Delivered: