

# Transcript Request Form

- In order for your transcript request to be fulfilled, you must submit:
  - A completed, signed copy of this transcript request form,
  - A copy of your photo ID,
  - And \$10.00 service fee payment (this is a flat fee, not per copy).
- Transcript requests are generally processed within 2 business days. Please allow 3 to 7 days for mail delivery.
- Your official transcript will be in a sealed, stamped envelope. **Do not open it** if you want your transcript to still be considered official.
- Staff members at the South Georgia Archives are not school officials. They cannot make alterations to school records. Please contact us with any questions.



## Student Information. Please PRINT.

School Name (select one):  Darsey Private School  SWGA Regional Academy

Full Name: \_\_\_\_\_

Name While Attending (if different than above): \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last four digits of your SS#: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

## Transcript Copies & Recipient Information. For multiple recipients, please use a separate form for each.

I want to:  Pick up my transcript(s) in person.  Have my transcript(s) sent to the contact information below.

Send my transcript by:  Mail  Fax

Please PRINT, and \*be sure to include the organization/university and department name.

\*Organization/University: \_\_\_\_\_

\*Department: \_\_\_\_\_ Staff member: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SIGNATURE OF STUDENT :** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Transcript cannot be released without student's signature.*

## Payment Method. Make all checks & money orders payable to Thronateeska Heritage Center.

Select one:  Charge Card  Check  Money Order  Cash (only accepted in person)

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_ Card Zip Code: \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code (on back of card): \_\_\_\_\_