

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 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 transcript will be in a sealed, stamped envelope.

Staff members at the South Georgia Archives are not school officials, and cannot make alterations to or update 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. Quantity: []
 Have my transcript(s) sent to the contact information below.

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. Payment may also be made over the phone.

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): []