

# 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): [ ]