



Transcript Request Form

(Authorization for Release of School Records)

\$15 fee required for all Transcripts- Cash, Money Order, Online Payment

Today's Date: _____

Full Name of Student at the time of Graduation:

(First Name)

(Middle Name)

(Last Name)

Year Graduated: _____

OR

Highest Grade Completed: _____ Year _____

Contact Phone Number: _____

Date of Birth: _____

Number of Copies: 1 2 3

Delivery:

☐ I will pick it up

☐ Postal mail to the address below

☐ Email to the address below

Name of Agency _____

Address/ Email Address _____

City, State, Zip _____

Thomasville High School- 315 S. Hansell St, Thomasville Ga 31792

229-225-2634

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