

TRANSCRIPT/RECORDS REQUEST

In Compliance with the policy of the Peach County Board of Education, by submitting the following information and my signature, I give the Board permission to forward my records to the receiving organization stated below.

Record requests require ample time to process and cannot be processed right away. I understand the Peach County Board of Education will make every attempt to complete my request within three (3) days and that I will be notified if my request cannot be completed within that time.

Name: _____

Include maiden name or previous names

Date of Birth: _____/_____/_____

Graduation year: _____

Parent(s)/Guardian Name: _____

Current Telephone Number: _____

Mailing Information for Records

If you would like your records to be forwarded to an organization, please give the information for the organization that will receive the requested records.

Organization Name: _____

Also include specific persons or departments that should receive the requested records.

Mailing Address: _____

Telephone Number: _____

Signature: _____

Date: _____

**Please mail completed transcript request to 523 Vineville St., Fort Valley Ga, 31030
Attn: Transcript Clerk or deliver request in person to front office attendant.**

Office Use Only

Processed: _____

Mailed: _____

Faxed: _____