

THOMASTON-UPSON COUNTY SCHOOLS

205 Civic Center Drive, Thomaston, GA 30286

706.647.9621

REQUEST FOR STUDENT RECORDS/TRANSCRIPT

COMPLETE [PRINT] AND FAX TO: 706.647.7154

NAME USED IN SCHOOL _____

NAME YOU GO BY NOW _____

SCHOOL ATTENDED _____

DATE OF BIRTH _____

HIGHEST GRADE COMPLETED _____ LAST YEAR ATTENDED _____

FATHER'S NAME _____

MOTHER'S NAME _____

CURRENT ADDRESS _____

CITY/STATE/ZIP CODE _____

TELEPHONE NUMBER _____

If your name is frequently misspelled, please write other spelling(s) often used:

Please send a copy of my transcript to:

OR

I will pick up my transcript

Signature of Student

Date

Signature of Parent (if student is a minor)