

TRANSCRIPT REQUEST
PRINCE GEORGE HIGH SCHOOL
7801 LAUREL SPRING ROAD
PRINCE GEORGE, VA 23875
804-733-2725

Name: _____

If married please make sure to provide your maiden name used in high school

PLEASE ALLOW 48 HOURS FOR REQUEST TO BE FILED

Date of Birth: _____

Date of Request: _____

Telephone Number: _____

Year Graduated: _____ OR Withdrew _____

Fee for Transcript: \$2 per transcript

Cash, check or money order: If check or money order please make payable to PGHS. In order for your request to be processed please be prepared to pay the \$2 fee for your transcript.

If you live in another state or out of the area please send your request to PGHS- Attention Guidance Office.

Check one of the following: _____ will pick up _____ please mail

If mailing, please complete address information below:

Mail to:

Signature: _____

Date: _____