

Office Use Only

Date: _____ Time _____

FLOYD COUNTY SCHOOLS TRANSCRIPT REQUEST FORM

NOTE: PLEASE ALLOW 48-HOUR PROCESSING TIME ON ALL REQUESTS FOR RECORDS

NAME: _____ Student ID # _____
(Last) (First) (Middle) (if known)

MAIDEN OR OTHER NAME (S) WHILE IN SCHOOL _____

PHONE #: _____ ALTERNATE PHONE # _____

DATE OF BIRTH: _____ Last four digits of SS#: _____

LAST **FLOYD COUNTY** HIGH SCHOOL ATTENDED: _____

Did you graduate? YES NO (If **NOT**, what grade level did you leave school in _____)

YEAR GRADUATED: _____ LAST SCHOOL YEAR ATTENDED (if you did **NOT** graduate): _____

____ I WILL PICK UP MY TRANSCRIPT/RECORDS (**PLEASE ALLOW 48 HOURS PROCESSING TIME**)

____ I NEED MY TRANSCRIPT MAILED TO: (PLEASE GIVE NAME AND ADDRESS FOR MAILING)

SIGNATURE: _____ (I certify that I am the person whose record is being requested) _____ (Date)

FEE OF \$5.00 TO RECEIVE A TRANSCRIPT FOR STUDENTS. BACKGROUND CHECKING AGENCIES' FEE IS \$20.00. **YOU MUST PAY BY CHECK OR HAVE CORRECT CHANGE TO PAY FOR YOUR TRANSCRIPT. ONCE REQUESTED TRANSCRIPTS ARE READY TO BE PICKED UP THEY WILL BE KEPT ON FILE FOR UP TO 30 DAYS ONLY.**

Pre-Paid \$ _____ Receipt # _____ OR -- Amount Due \$ _____

NOTES:

Payable to: Floyd County Board of Education
ATTN: RECEPTIONIST
600 Riverside Parkway NE
Rome, GA 30161