

AQUINAS HIGH SCHOOL

Phone: 706-736-5516

Fax: 706-736-2678

TRANSCRIPT REQUEST FORM

CURRENT STUDENTS ONLY:

Name (print) _____ Year of Graduation _____

Street Address _____

City _____ State _____ ZIP Code _____

Select **ONE** option: Mail transcript to address below
 Release electronic transcript via Gacollege411 to school below

Name of Institution _____

Address _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____

GRADUATES ONLY:

Name (print) _____ Year of Graduation _____

Date of Birth _____ Maiden Name (if applicable) _____

Dates of Attendance (if didn't graduate) _____ Phone _____

Street Address _____

City _____ State _____ ZIP Code _____

Select **ONE** option: Mail official transcript to address below
 Mail unofficial transcript to address above

Name of Institution _____

Address _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____

<p><i>For Office Use Only:</i> Processed by _____ Date _____</p>
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