



EFFINGHAM COUNTY BOARD OF EDUCATION

405 North Ash Street • Springfield, Georgia 31329 • (912) 754-5636 • Fax: (912) 754-4248

TRANSCRIPT REQUEST FORM

(Please Type or Print)

FIRST NAME MIDDLE NAME LAST NAME MAIDEN NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YY) DAYTIME PHONE NUMBER

STREET OR P.O. BOX CITY STATE ZIP

SIGNATURE OF STUDENT DATE (MM/DD/YY)

SIGNATURE OF PARENT OR GUARDIAN (IF STUDENT IS A MINOR) DATE (MM/DD/YY)

*This request must be signed and dated no more than ten days prior to being received by the Effingham County Board of Education.

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: _____

 City State ZIP

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: _____

 City State ZIP

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: _____

 City State ZIP

PERSONAL PICK-UP

Number of Copies Requested: _____

Date and time you will pick up: _____

(You must have a valid ID to personally pick up a transcript.)

ENROLLMENT INFORMATION:

Presently Enrolled: Yes _____ No _____

Name of Last High School Attended: _____

Did you graduate? _____ If so, what year? _____

If not, list the month and year last attended: _____

PURPOSE OF TRANSCRIPT:

College _____ Employment _____ Student Copy (unofficial) _____

Other: _____

PROCESSING TIME AND FEES:

Three business days shall be allowed for the processing of a student transcript prior to pick-up or mailing.

A \$6.00 per transcript processing fee applies to students who have graduated or been out of school more than six months. Payment must be received before transcripts will be processed.

AUTHORIZATION FOR RELEASE OF RECORDS:

By checking this box and signing above, I do hereby consent to the release of any information pertaining to my academic records and/or activities while I attended an Effingham County School. I agree to assume all legal responsibility and do hereby relieve the person who provides such information from any liability, regardless of any action which might arise resulting from the release of that information.

FOR OFFICE USE ONLY

Date Requested: _____ Date Fee Paid: _____

*Check # _____ Money Order _____ Cash _____

Date Transcript(s) Sent: _____

*A \$30.00 fee applies to all checks returned due to insufficient funds.