



# Effingham County Board of Education

405 N. Ash St., Springfield, Ga, 31329 • (912) 754-6491 • FAX 912-330-1590

Superintendent  
Dr. Randy Shearouse

Assistant Superintendent  
Dr. Yancy J. Ford

## TRANSCRIPT REQUEST FORM

(Please Type or Print)

First Name Middle Name Last Name Maiden Name

Street or P.O. Box City State Zip Code

Telephone Number/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature of Student Date

Signature of Parent/Guardian (if student is a minor) Date

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

### MAIL TRANSCRIPTS TO: (PRINT COMPLETE ADDRESS)

Number of Copies Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

### MAIL TRANSCRIPTS TO: (PRINT COMPLETE ADDRESS)

Number of Copies Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

### MAIL TRANSCRIPTS TO: (PRINT COMPLETE ADDRESS)

Number of Copies Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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? Yes  No  If so, what year? \_\_\_\_\_  
If not, list the month and year last attended: \_\_\_\_\_

### PURPOSE OF TRANSCRIPT:

College  Employment  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.