

Request for Transcript

Scottsboro High School

25053 John T. Reid Parkway
Phone: 256.218.2000

Scottsboro, Alabama 35768
Fax: 256.218.2090

Print Name As It Appears on School Record: _____

Graduation Date: _____ or date last attended: _____

Social Security #: _____ Birthdate: _____

_____ *I wish to pick up an UNOFFICIAL copy of my transcript. Please sign below.*

OR

Please send an OFFICIAL copy of my high school transcript to:

1. Name _____
(Name of college/university or agency to receive transcript)

Mailing Address/City/State/Zip _____

2. Name _____
(Name of college/university or agency to receive transcript)

Mailing Address/City/State/Zip _____

**Transcripts are released only at the written request of the student and are \$3.00 per copy.
Payment must accompany request.**

Signature: _____ Date: _____

FOR OFFICE USE: Date Sent: _____ By: _____