



Gadsden County High School

27001 Blue Star Memorial Hwy Havana, Florida 32333
Ph (850) 662-2300 Fax (850) 539-2863
www.gchs.gadsdenschools.org



TRANSCRIPT REQUEST FORM

Please allow (3 – 5) business days for transcripts 1991 to present up to 10 business days for transcripts 1989 – older or any record pertinent to your cumulative folder to be processed. Records will be mailed to institutions or business upon request. **Official Transcripts are \$5;** Unofficial Transcripts & Immunizations are \$3 per requested copy. **NO RECORDS CAN BE FAXED.**

Mail payment to: Gadsden County High School
ATTN:
Mr. Allen Robinson, Registrar / Data Entry
Guidance Suite, Room 129
or
Ms. Floria Green, Guidance Secretary
27001 Blue Star Memorial Hwy.
Havana, FL 32333

OFFICE USE ONLY

Date Processed: _____

Pick-up Mailed

F. A. S. T. E. R (College Only)

Date: ____ / ____ / ____

Student I.D.: _____

SSN#: ____ - ____ - ____

Student Name: _____

D.O.B.: ____ / ____ / ____

Last School Attended: _____

Graduation Date / Year: _____

Last Year of attendance (Only Non-Graduates): _____

Contact #1: (____) ____ - ____ Contact #2: (____) ____ - ____

Person Requesting Transcript: _____

No. of copies: _____

PLEASE DO NOT OMIT THIS SECTION

Release of records / statement: I hereby give permission for my transcript of any other document(s) pertinent to my cumulative folder to be released to the following persons / institutions:

PLEASE MAIL TO Must have complete address:

Purpose (Check the appropriate box): Official Transcript (with seal) Unofficial Transcript (with seal) Immunization Only

Signature of Person Receiving Transcript Request

Payment Received \$ _____ Not Paid