

Trion High School

Principal
Bryan Edge

919 Allgood Street, Suite 3
Trion, GA 30753
Telephone: (706) 734-7316
Fax: (706) 734-7692

Guidance Counselor
Mary Myers

Print; complete form and sign; fax or scan to mary.myers@trionschools.org

FINAL TRANSCRIPT REQUEST FORM

Full Name _____
Last First Middle (Maiden Name)
Address _____ Phone _____
Street Address City, State, Zip

Social Security Number _____ Date of Birth _____

Year of Graduation _____ OR Date last Attended _____

To comply with the provisions of the Family Education Rights and Privacy Act of 1974, permission is here given to school officials to release the secondary school record and other requested information to the following college/university and address:

Signature of Student (REQUIRED)

Date of Request

Transcripts can only be released with the consent of the Student and only with the student's ***signature attached***. Transcripts cannot be released by telephone. All transcript requests must be in writing. Transcripts released to the individual or mailed to the individual student will be labeled "UNOFFICIAL COPY". The transcript will be mailed no later than (3-5) school days after the receipt of the request form.

Signature of School Official

Date Sent