

Goshen High School

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Transcript Request Form

Full Name: _____ Date: _____

Number of Copies: _____ Birthdate: _____ Year of Graduation: _____

Address to send transcript:

Current Address (if requesting an unofficial transcript):

Please list ANY other name which might be listed in our records (maiden name):

Other information or notes:

***Transcript request fee for Alumni: \$5.00 per mailed/faxed/or picked up transcript.**

Please send this form and fee to the attention of the Bookkeeper at P. O. Box 7, Goshen, AL 36035. Any transcript issued to a student will be Unofficial. Official transcripts will be mailed or faxed directly to the college, university, or official. NOTE: Fee does NOT apply to currently enrolled students.

Graduation Verification Companies send written verification or this form and a \$15 processing fee.

Once this form is completed, please email this form to blusk@pikecountyschools.com and cphelps@pikecountyschools.com.