



Greenville Public School District  
**OFFICIAL TRANSCRIPT REQUEST**

Please complete this form and return along with payment to:

***There is a \$5.00 Processing Fee per copy of transcript. A minimum of 3 to 5 business days required to process transcript requests.***

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_

Greenville Public School District  
Office of Student Records  
412 South Main Street  
Greenville, MS 38701  
Phone: (662) 334-7000 Fax: (662) 334-3480

**APPLICANT'S INFORMATION**

Full name during attendance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Did applicant graduate from Greenville Public School? Yes  No

If "Yes", what school, and what year? \_\_\_\_\_

If "No" what is the last date of attendance? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

If not applicant, what's your relationship to applicant? \_\_\_\_\_

**OTHER INFORMATION**

Applicant's Parent's Name(s): \_\_\_\_\_

Transcript will be  Picked up from this office  Mailed to: \_\_\_\_\_

Call this number for pick-up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Fee Received: Yes  No

Fee was given to: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Transcript was mailed / picked up

Transcript was faxed to: \_\_\_\_\_