

AMITE COUNTY HIGH SCHOOL

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Phone: 601.657.8920 ▪ Fax: 601.657.4044



TRANSCRIPT REQUEST (Current High School Senior)

Legal Name (Please Print): _____

Anticipated Graduation Year: _____ Birth Date: _____

Best Contact Email Address: _____

Date: _____

Please fill in ALL the required information

Mail **Official** Transcript to:

Name of University	Address	City	State	Zip

E-Mail the Completed Form to: transcripts@amite.k12.ms.us

For Office Use Only:

Date Received: _____

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