

AMITE COUNTY HIGH SCHOOL

600 Irene St/P.O. Box 328 ■ Liberty, Mississippi 39645
Phone: 601.657.8920 ■ Fax: 601.657.4044



TRANSCRIPT REQUEST (High School Graduate)

Legal Name (Please Print): _____

Legal Name in High School, if different than above (Please Print):

Year of Graduation _____ Birth Date: _____

Please Select one of the following options (*Note: an Official transcript is signed and sealed by the registrar and remains official until opened by recipient*):

_____ Mail Official Transcript

Organization/Individual: _____

Address: _____
(address) (city) (state) (zip code)

_____ Pick-up Official Transcript

_____ Mail Unofficial Transcript

Organization/Individual: _____

Address: _____
(address) (city) (state) (zip code)

_____ Pick-up Unofficial Transcript

Requested By: _____ Date: _____

Best Contact Number: _____

Please keep in mind that there is a **\$5.00 fee** for all transcript requests. Payment can be made with cash, check, or money order. Please make checks payable to Amite County High School. Send all forms and fees to PO Box 328, Liberty, MS 39645. Requests will not be processed until payment is received. Requests are usually processed within three business days.

For Office Use Only:

Date Received: _____

Date Processed: _____

Fee Paid: _____