

PAID BY CASH ONLY

☐ YES ☐ NO

Request are not processed
without payment.



Transcript Request
Records Center
396 Elks Club Road
Covington, GA 30014
678.625.9025

Date: _____

Please complete the following information for your Transcript or Affidavit request. Complete this form and return to the above address with a copy of your picture ID. Please allow 7-10 business days for your request to be processed.

NAME WHEN ENROLLED IN SCHOOL: (Please Print)

Last: _____ First: _____ Middle: _____
(Maiden Name)

Birth Date (MM/DD/YYYY): _____

Graduated (Month and Year): _____ Withdrawal (Month and Year): _____

Special Education (IEP/Psychological): ☐ YES ☐ NO

Send Transcript(s) to the following locations. There is a \$1.00 fee for each transcript or affidavit. The only acceptable form of payment is with a money order, no personal checks. When a transcript is more than the standard number of pages 25¢ per page is charged.

TO: _____
Address: _____
City: _____ State: _____ Zip: _____

TO: _____
Address: _____
City: _____ State: _____ Zip: _____

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with written permission of the student's parent or legal guardian, or of the student (if 18 years or older).

NAME OF AUTHORIZING PERSON: (Please Print)

Last: _____ First: _____

Phone Number of the authorizing person: _____

****Signature of authorized person (student if 18 or older), otherwise parent/guardian****

Signature: _____ Date: _____

Office Use Only:

Signature of CA Staff taking Request: _____

Signature of Staff Preparing Transcript / and Or Records for Request:
