TRANSCRIPT/SCHOOL RECORDS/WORKKEYS; REQUEST AND RELEASE AUTHORIZATION

(This request is for past Adult Education, and past Laurens County High Schools prior to 1972)

Name:	Middle	· · · · · · · · · · · · · · · · · · ·
First	Middle	Last
Maiden Name (if applicat	ble):	
Date of Birth:	Social Security Number	·
Phone Number: ()Cell Number: ()
Parents Names:		
Last School Attended	Name	State
	Did you graduate?	
Is this transcript needed to enter a secondary school? (Please check one) Yes No		
Is this transcript need	led for a passport? (Please check one) Yes_	No
Is this transcript need	ded for a delayed birth certificate? (Please c	check one) Yes No
Is this needed for Wo	orkkeys scores? (Please check one) Yes	No
Do you want the transcript mailed?		
If yes, please print name and complete address of the institute below:		
	anscript instead of having it mailed to an in an official copy will be noted is to have it se	
There is a \$5.00 char	ge for each copy.	
Please allow a minimum of 5 working days after receipt of this form for it to be processed.		
I authorize Laurens County Adult Education to release my transcript/school records/Workkeys scores.		
		Date
Diguatui C		
Receipt #	Date paid:	