

Transcript Request and Authorization Form

Mail To:

Gates County High School
ATTN: Transcript Request
088 US Hwy 158 West
Gatesville, NC 27938

Transcripts are free for 365 days after a student's graduation date and \$5.00 for each transcript thereafter. Acceptable forms of payment are cash or money order made payable to the school. Payment must be received to begin processing this request. If sending transcripts to **more than one person/institution, a separate form and \$5.00 fee must be submitted for each request.*

Last Name First Name Middle Name Maiden Name

Year of Graduation or Last Year Attended _____ Date of Birth _____

Phone: (_____) _____

Is the transcript to be mailed? Yes _____ No, I will pick it up at school. _____

Print the complete **name and address** of the person or institution to which the transcript is to be released:

Number of Copies _____ Total \$ _____ (\$5.00 for each copy)

READ BEFORE SIGNING I, the undersigned, acknowledge that I am the individual listed on the transcript. I authorize the release/exchange of information on my school records between Gates County High School and the person/institution name above. I understand that I must allow **10 business days** processing period from the date the payment is received.

Student Signature (REQUIRED)

Date

| FOR OFFICE USE ONLY | |
|---------------------|------------------------|
| Request taken by: | Date payment received: |
| Mailed by: | Date mailed: |
| Picked up by: | Date picked up: |