



## TRANSCRIPT REQUEST/RELEASE FORM

Date of Request: \_\_\_\_\_

Purpose of Request (Please Check ONE):

College  DOB  Employer  Immigration (Parent)  Other: \_\_\_\_\_

FULL NAME at time of Graduation/Attendance: \_\_\_\_\_

Current Name (if different than above): \_\_\_\_\_

School Attended: \_\_\_\_\_ Year Graduated/Last Attended: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_

Requested by:  Self  Employer  Other: \_\_\_\_\_

Transcript is to be:  Mailed  Picked Up (**NOTE: Transcripts CANNOT be FAXED OR E-MAILED**)

Transcript can be picked up by: \_\_\_\_\_

|                     |                                   |
|---------------------|-----------------------------------|
| Mail Transcript to: | Additional Addresses/Information: |
| _____               | _____                             |
| _____               | _____                             |
| _____               | _____                             |

Email requests to: [jill.hamilton@wcsga.net](mailto:jill.hamilton@wcsga.net)  
 If you are requesting an official transcript and you will NOT be picking it up in person, you **MUST** supply a clear and legible copy of your Gov't/School Issued Photo ID with this form.  
**REQUESTS WITHOUT THIS INFORMATION CANNOT BE PROCESSED**  
**Please allow 2 business days for processing**



\_\_\_\_\_  
 Signature Authorizing Release of Records Date  
*(Sign ONLY when PICKING UP DOCUMENTS OR requesting VIA FAX/MAIL/E-MAIL)*

Was ID Verified?  Yes  No Verified by: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DOCUMENT FILE LOCATION: \_\_\_\_\_ TIME REQUEST RECEIVED: \_\_\_\_\_

NOTES:

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