



CARROLL COUNTY SCHOOL SYSTEM
REQUEST FOR RECORDS/TRANSCRIPTS

164 Independence Dr, Carrollton, GA 30116 Attn: Transcript Request
770-832-3568 Main 770-830-5033 Fax

YOU MUST PROVIDE STATE ISSUED IDENTIFICATION WHEN REQUESTING SCHOOL RECORDS/TRANSCRIPTS (clear copy). THERE IS A \$5.00 FEE PER CERTIFIED COPY (CASH/MONEY ORDER ONLY). Completed form, Clear copy of ID and fee due before request is processed/mailed. Mail/Fax to the address/fax number above.

Last High School Attended in Carroll County: _____

Last grade completed in Carroll County: _____ Year Graduated or last attended: _____

Did you apply for an Emancipation Petition HB91 anytime after April 2015? If unsure, mark yes. YES NO

Name (as recorded on school records): _____

Current Name (if different from above): _____

Date of Birth: _____ Social Security number (last 4 digits): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

BEST phone number to reach you: _____ cell/home/work (circle one)

Mother's Name: _____ Father's Name: _____

Please allow 72 hours for research and mailing

Number of CERTIFIED copies needed: _____ (an unofficial copy is given to you free of charge).

Reason for request (check one): self _____ OR school _____ OR employment _____

Will records/transcript be picked up _____ OR mailed _____

Name of School/University/College/Company we need to mail to (if necessary).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

AUTHORIZATION FOR RELEASE: _____ Today's Date: _____

SIGNATURE REQUIRED

For Office Use Only:

Processed by: _____ Date: _____ Fee paid? _____ Military? _____