

CATOOSA COUNTY BOARD OF EDUCATION
Student Records
P.O. Box 130
Ringgold, Georgia 30736

TRANSCRIPT REQUEST FORM

Phone (706) 935-0667
FAX (706) 965-8913

Student's Last Name / First Name Middle Name Maiden Name

Current Address – City, State, Zip Phone Number

Date of Birth Social Security # Name of School Attended

Year of Graduation If did not graduate, date last attended

Father's Name Mother's Name

I hereby give my permission for a transcript of my grades to be sent to the following address:

Date of Request

Signature of Student

Transcripts can only be released with the consent of the student and only with the student's signature attached. Transcripts cannot be released by telephone. All transcript requests must be in writing. Transcripts released to the individual or mailed to the individual student will be labeled "UNOFFICIAL COPY". The transcript will be mailed within three (3) days after receipt of the request form.

Signature of Records Custodian

Date Sent

THIS FORM IS GOOD FOR NINETY DAYS.