

TRANSCRIPT REQUEST FORM
CAMDEN COUNTY HIGH SCHOOL
HOME OF THE WILDCATS

NAME: _____
 LAST FIRST MIDDLE

MAIDEN NAME: _____

DATE OF BIRTH: _____ SS# _____

PHONE NUMBER: () _____

GRADUATION YEAR: _____

If you DID NOT Graduate, your last year of attendance: _____

NAME of School or Addressee:

(FOR TRANSCRIPT)

Name of School/Person to be mailed to: _____

Address: _____

City, State Zip _____

Transcripts for CURRENT SENIORS are free and should be requested in the CCHS GUIDANCE OFFICE. **THERE IS A \$5.00 PROCESSING FEE FOR TRANSCRIPTS FOR FORMER STUDENTS.** PLEASE MAIL THIS FORM WITH CHECK/MONEY ORDER TO THE FOLLOWING ADDRESS:

CAMDEN COUNTY HIGH SCHOOL
6300 LAUREL ISLAND PARKWAY
KINGSLAND, GA 31548
ATTN: GUIDANCE