



Banks County High School
 Office of the Registrar
 1486-A Historic Homer Highway
 Homer, GA 30547
 Phone: 706-677-2221
 Fax: 706-677-2688

OFFICE USE ONLY
Date Received: _____
Amount Paid: _____
Date Processed: _____

TRANSCRIPT REQUEST FORM

TRANSCRIPT FEE: \$3.00 per transcript

Transcripts will not be processed until completed form, copy of ID and fee are received
A minimum of 4 days notice is necessary for all transcripts.

Mail completed form, a copy of your driver's license/ID, and \$3.00 (cash or money order) per transcript to the address listed above or

Please contact me at the number listed below and I will pick up my transcript in the Banks County High School front office.

*Transcripts not picked up within 30 days will be destroyed.

Name: _____ Name while attending BCBS if different: _____

Year of Graduation: _____ DOB: _____ Last 4 Digits of SSN: _____

Daytime Phone Number: _____ Email: _____

Include available test scores (May include, but not limited to: EOC, GA Milestone, PSAT, SAT, ACT, ASVAB, Compass)

Under the Family Educational Rights and Privacy Act, we are required to obtain your written permission in order to forward a transcript to other schools, colleges, universities, organization, or prospective employers. You must include a copy of your driver's license or ID.

I affirm that I am the above named student. In compliance with the Family Education Rights and Privacy Act of 1974 (as amended), I hereby give my written consent and do therefore authorize Banks County High School to release my student record as noted.

Signature: _____ Date: _____

***A copy of your driver's license or government issued ID must accompany this form or your request will not be processed.**

School/Agency: _____	School/Agency: _____
Address Line 1: _____	Address Line 1: _____
Address Line 2: _____	Address Line 2: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
School/Agency: _____	School/Agency: _____
Address Line 1: _____	Address Line 1: _____
Address Line 2: _____	Address Line 2: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____