

TRANSCRIPT REQUEST FORM (for former students)

Full Name _____
(include last name when enrolled)

Address _____ **Phone** _____

Soc. Sec. Num. _____ **Date of Birth** _____ **Graduation Year** _____

I give Loachapoka High School permission to send a copy of my official transcript to the name and address identified below. I have enclosed \$5.00 (cash, check, or money order) for each copy requested. CHECKS MUST INCLUDE two (2) phone numbers **and** driver's license number and state.

TRANSCRIPT SHOULD BE SENT TO:
(include Name and Address of University/College/Business/etc.)

Signature _____ **Date** _____

Form and payment must be received before transcript is sent. Cash is accepted if form is being delivered to Loachapoka High School. Checks or money orders are accepted for forms submitted by mail. **DO NOT MAIL CASH.** Mail form and \$5.00 fee for each copy requested to:

Loachapoka High School
c/o Registrar
PO Box 187
Loachapoka, AL 36865

Transcripts will be sent via US Postal Service.
We are unable to fax or electronically submit transcripts.

Date Received _____
Receipt No. _____