



Our Mission is to Provide Educational Excellence for All Students!

Request for High School Transcript

Date of Request: _____

Student's Full Name* (First, Middle, Last): _____
**Please print name as it appears on your school records*

Current Name (If Different): _____

Date of Birth: _____ Contact Phone Number: _____

School Attended: _____

Graduation Year: _____ **OR** Year of Withdrawal: _____

Number of Official Copies: _____ Number of Unofficial Copies: _____

****Official ACT (www.act.org) and SAT/AP (www.collegeboard.com) scores may be requested directly from the testing agency.****

Student Signature: _____

Pickup: ****Person authorized to pick up transcript (if not student)**** _____
OR

Mail To: **OR** Fax: (Unofficial Copy): Fax Number: _____

Name of College/University/Technical School or Your Name _____

Attention _____

Address _____

City _____ State _____ Zip Code _____

***Proof of Identity (Attach a copy of one of the following):**

- Driver's License State Identification Card Military Identification Card Passport

ID verified by Newton County School System personnel (initials): _____

This completed form with attachment may be returned to Newton County Schools, 2109 Newton Drive, Covington, GA 30014. Should you require additional information, please contact us at 770-787-1330, extension 1272. Transcripts are mailed or ready for pick up each Friday.

For Office Use Only

Date Mailed/Delivered: _____ Initials: _____