

# Online Transcript Request Form

**George Washington Carver High School**  
3100 Eighth Street  
Columbus, GA 31906-3397



**Date of Request** \_\_\_\_\_

Please send:

\_\_\_\_\_ **an official** copy of my transcript to the following college/agency

\_\_\_\_\_ **an unofficial** copy of my transcript to my home address (provided below)

**Name of College/Agency:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

\_\_\_\_\_

**MUST PROVIDE COMPLETE ADDRESS BEFORE REQUEST IS ACCEPTED**  
**\*\*\*\*\*MUST PROVIDE COPY OF STATE ISSUED IDENTIFICATION \*\*\*\*\***

## Personal Information:

Complete Name used  
as a *Student at Carver*: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
(PLEASE PRINT LEGIBLY)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Last Attended: \_\_\_\_\_ **or** Year Graduated: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**You must send a check or money order along with this request before it is processed.**

**NOTE: All information on request must be complete before the Guidance Department can process. There is a minimum three-business-day turn around on all requests.**

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**FOR OFFICE USE ONLY:**

Date Request Processed \_\_\_\_\_ Processed By: \_\_\_\_\_  
(Signature)