

Curtis Baptist High School
1326 Broad Street
Augusta, Georgia 30901

Transcript Request Form

Name of Student: _____

(include maiden name if married)

Date of Birth: _____

Graduation Date: _____

Address: _____

Phone Number: _____

I am hereby requesting an official sealed copy of my high school transcript.

Please send to:

School/College: _____

Address: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(if the student is under 18 years of age)

Office Received: _____ Official Transcript Sent: _____

Date Approved: _____ Not Approved: _____

After the Final Transcript has been sent, there will be a \$3.00 processing fee for any additional transcript request.

Fee Paid: YES _____ NO _____ N/A _____

For office verification:

FINANCE OFFICE APPROVAL

Approved _____

Balance Due _____

Finance Officer

Date _____