

Transcript Request

Please mail to: **Dade County High School**
 300 Tradition Lane
 Trenton, Georgia 30752

NOTE: There is a \$2.00 fee for this request.

Name: _____
 Last First Middle Maiden

Address: _____

Phone: _____

Date of Birth: ____ / ____ / ____ Year of Graduation: _____

_____ Mail request to above address (non certified copy only)

_____ Will pick up after 3:00 PM on _____ (non certified copy only)

_____ Certified and sealed in envelope (for job or scholarship)

_____ Fax request to _____ Fax number _____

_____ Mail request to school/college below (certified copy)

* * * If you have been issued a school/college ID number, enter that number here:

School/College ID Number _____

School Name _____

Address _____

Signature _____ Date _____

Special Instructions: