

Redan High School



TRANSCRIPT REQUEST FORM

INSTRUCTIONS FOR COMPLETING FORM:

1. Completely fill out the form.
2. Normal processing time is 3 -5 working business days from the date the request is received. Please allow additional processing time at the beginning and end of each semester.
3. Please provide a self addressed stamped envelope for each institution in which the transcript needs to be mailed. (*Transcript requests will not be mailed without the self addressed envelope*)

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ **OFFICIAL TRANSCRIPT**
- ☐ **UNOFFICIAL TRANSCRIPT**

Redan High School
Counseling Department
5247 Redan Rd.
Stone Mountain, GA 30088

Student's Full Name: _____
First Middle Last

DOB: _____ **Year of Graduation:** _____

Mail Transcript to: *(Name and address of transcript recipient)*

1. _____
Name of Institution Attention

Street Address City State Zip Code

2. _____
Name of Institution Attention

Street Address City State Zip Code

Student or Parent Signature

Date

Telephone Number _____