

Warren County High School Transcript Request Form

Please print the following information:

Name _____

Name *(if different on school records)* _____

Date of Birth _____

Year of Graduation _____

Contact information:

Address _____

Phone _____

Please print name and address of location(s) where transcript should be sent:

With my signature, I authorize the release of my high school transcript to the destinations listed above.

Signature _____ Date _____

(Please fax request to guidance office at 706.465.1079 or main office at 706.465.0901 or mail to Warren County High School, Guidance Office, 1253 Atlanta Hwy., Warrenton, GA, 30828. Be sure to enclose a money order for \$1.00 for processing and shipping)