

You may print and fax request to 706-748-2776 or email kfuller@mcsdga.net

HARDAWAY HIGH SCHOOL TRANSCRIPT REQUEST

Name _____ Telephone No _____

Maiden Name _____ Have you graduated? _____

What year did you graduate or expected to graduate? _____

Date of Birth _____ Last 4 digits of your SSN _____

Please read carefully.

Official transcripts will not be issued (by mail, fax or in person) to the students.

Official transcripts will not be issued by fax to any recipients.

Only **unofficial transcripts will be issued to the students/parents.

*Official transcripts can only be mailed from Hardaway High to the College/School requested.

Name of College or Company you want your transcript mailed to:

Street Address City State and Zip Code

Additional Comments: _____

Telephone Number that we may contact you at during the day

Email Address: _____

*Official Transcript has school official's signature and school seal.

**Unofficial Transcript: No school signature or seal.