## **Hamilton County High School**

5683 US Highway 129 South, Jasper, FL 32052 Phone: 386-792-8100 ~ Fax: 386-792-6594



## Ryan Mitchell, M.Ed., Principal MJ Kinard, M. Ed., Assistant Principal

## Transcript Request Form

This form is to request an official copy of a Hamilton County High School transcript. Signature is <u>required.</u> Transcripts are stamped with an official Hamilton County High School seal and signed by a school official. ONLY parents/guardians (for students under the age of 18) and students age 18 or older may request the release of official transcripts. PLEASE PRINT LEGIBLY

Name:				
Name:First	Midd	lle	Last	
Address:				
City:			Zip:	
Phone #:	Phone #:	Phone	Phone #:	
Is the student the requestor? Ye	s No	If no, complete the stud	dent information below.	
Student Name: First				
First		Middle	Last	
Student Date of Birth:	Relation	nship of Requestor to Stude	ent:	
Transcript Destination				
Destination 1: Name of School	or Agency:			
Address:				
City:			Zip:	
Date to Send:	Attention of:		# of Transcripts: _	
Destination 2: Name of School	or Agency:			
Address:				
City:			Zip:	
Date to Send:	Attention of:		# of Transcripts: _	
Destination 3: Name of School	or Agency:			
Address:				
City:			Zip:	
Date to Send:	Attention of:		# of Transcripts: _	
<b>Authorization</b> By signing below, I give permis locations. Signature is required	ssion for Hamiltor			
Signature of Parent/Guardian/S	tudent		Date	