

# Transcript Request and Authorization Form

## Mail To:

Gates County High School  
ATTN: Transcript Request  
088 US Hwy 158 West  
Gatesville, NC 27938

*\*Transcripts are free for 365 days after a student's graduation date and \$5.00 for each transcript thereafter. Acceptable forms of payment are cash or money order made payable to the school. Payment must be received to begin processing this request. If sending transcripts to **more than one** person/institution, a separate form and \$5.00 fee must be submitted for each request.*

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Maiden Name

Year of Graduation or Last Year Attended \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Is the transcript to be mailed?      Yes \_\_\_\_\_      No, I will pick it up at school. \_\_\_\_\_

Print the complete **name and address** of the person or institution to which the transcript is to be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Copies \_\_\_\_\_ Total \$ \_\_\_\_\_ (\$5.00 for each copy)

**READ BEFORE SIGNING** I, the undersigned, acknowledge that I am the individual listed on the transcript. I authorize the release/exchange of information on my school records between Gates County High School and the person/institution name above. I understand that I must allow **10 business days** processing period from the date the payment is received.

\_\_\_\_\_  
Student Signature (REQUIRED)

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	
Request taken by:	Date payment received:
Mailed by:	Date mailed:
Picked up by:	Date picked up: