

McIntosh County Academy

TRANSCRIPT REQUEST FORM

Are you currently attending: YES NO

Date of Birth: _____

Date of Graduation: _____

PLEASE PRINT.

First Name	Middle Initial	Last Name (Maiden)
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Student Signature (**NOTE: Transcript will not be released without your signature.**)

Please print complete mailing address to which you wish your transcript sent to:

Purpose of Transcript:

Applying to College

Employment (Job Request)

Other: _____

ONLY **OFFICIAL TRANSCRIPTS** WILL BE MAILED.

NOTE: FORMER STUDENT – TRANSCRIPTS ARE \$2 FOR MAILING AND \$1 FOR PICK-UP.

OFFICE USE ONLY

Date Transcript was completed: _____

Mail to:

McIntosh County Academy

Mrs. Loder, Records

8945 U.S. Hwy 17

Darien, Ga. 31305