



## REQUEST FOR TRANSCRIPT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Date of Birth: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduate: Yes = = No

Year of Attendance/Graduation: \_\_\_\_\_

Other schools in Greater Clark County and dates of attendance (if records needed):

*To mail transcripts:*

Name/Organization: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

*Other instructions for release:*

Signature Authorizing Release: \_\_\_\_\_ Date: \_\_\_\_\_

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Mail to: Greater Clark County Schools  
Attn: Kathy Holloway  
226 State Rd. 62  
New Washington, IN 47162

Or fax to: (812) 293-5803

Email: [kholloway@gccschools.com](mailto:kholloway@gccschools.com)

Phone: (812)293-3368, ext. 19140

\*\*a copy of a photo ID will be required all requests unless sent by a school  
\*\*\*Fees (cash or money order only): \$5.00/ copy of main transcript  
\$8.00/copy of whole file

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