

Barrow County School System

Transcript Request

Date of Request _____

Student Name _____

Name at Graduation
(If different than above) _____

Date of Birth _____

Mail To:

Did you Graduate?
_____ **Yes** _____ **No**

Graduation Yr _____

Social Security _____
last four digits only

Phone Number _____

Pick Up
_____ **Yes** _____ **No**

****Please Note: If you want your transcript to be mailed to you or an institution, you must provide us with an addressed, stamped envelope**

Sealed Envelope? _____ **Yes** _____ **No**

Student Signature (If 18 years of age or older)

Parent Signature (If student is under 18 years of age)

Official Use Only

Date Mailed _____

Completed Form May Be Emailed, Mailed or Faxed Using the Information Below:

Student Services Department
rochelle.manotas@barrow.k12.ga.us
179 W. Athens Street
Winder, GA 30680
(770) 867.4527 Fax (770) 867.4540