

Abbeville County School District

400 Greenville Street

Abbeville, SC 29620

(864)366-5427

fax (864)366-8531

REQUEST FOR TRANSCRIPT RELEASE

***If A GRADUATE FROM HIGH SCHOOL, THE ACTUAL STUDENT MUST SIGN THE TRANSCRIPT RELEASE.**

***IF AN UNDERGRADUATE FROM HIGH SCHOOL, A PARENT OR LEGAL GUARDIAN MUST SIGN THE TRANSCRIPT RELEASE FORM.**

A \$3.00 fee will be required to process more than one transcript request.

Name: _____ Maiden/other name: _____

Social Security #: _____ Date of Birth: _____

Date of Graduation: _____ Last year of attendance: _____

I attended (school name) _____

Month _____ Year _____ to Month _____ Year _____

Current Address:

Check one:

_____ Transcript will be picked up and may be released to: _____

_____ Please send transcript to: _____

Signature of Student: _____ Date: _____

Signature of Parent or
Legal Guardian _____ Date _____