## TRANSCRIPT REQUEST – NO REFUNDS GIVEN

Date:		
Name:	_	
(Last)	(Frist)	(Middle)
Maiden Name:		
Address:		
Pnone #:		
Date of Birth:		
Father's Name:		
Mother's Name:		
Year of Graduation:		
Year of Withdrawal (If you d	id not graduate):	
Check One of the Following:	Γ. //.	
I Will Pick-Up Mail Request	Fax #:	
Maii Request	Email:	
Mail To: (A Complete Addre	ess Must Re Furnished)	
Individual:	, , , , , , , , , , , , , , , , , , ,	
College or Business:		
Address:		
		<del></del>
Cost:		
\$15.00 per Transcript.		
Must Be Paid at Time	of Request.	
	Made Out to "Phenix City	Board of Education"
* NO Personal Checks	Will Be Accepted.	

## **Send Request and Payment to:**

Phenix City Board of Education Attention: Transcripts P.O. Box 460 Phenix City, AL 36868-0460

<sup>\*</sup> We accept checks from educational and legal institutions.