TRANSCRIPT REQUEST – NO REFUNDS GIVEN

Date: _____
Name: _____
(Last) (Frist) (Middle)
Maiden Name: _____
Address: _____
Phone #: _____
Date of Birth: _____
Father's Name: _____
Mother's Name: _____
Year of Graduation: _____
Year of Withdrawal (If you did not graduate): _____

Check One of the Following:
_____ I Will Pick-Up _____ Fax #: _____
_____ Mail Request _____ Email: _____

Mail To: (A Complete Address Must Be Furnished)
Individual: _____
College or Business: _____
Address: _____
_____

Cost:

$15.00 per Transcript.
Must Be Paid at Time of Request.
Cash or Money Order 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

** We accept checks from educational and legal institutions.*