

## GHS TRANSCRIPT REQUEST FORM

I, \_\_\_\_\_, authorize the release of transcripts/school records to the following address:

\_\_\_\_\_  
(Name of college, institution, place of employment, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Name under which enrolled if different from name given above:

\_\_\_\_\_

Birth Date: \_\_\_\_\_ Student Number/SS#: \_\_\_\_\_

Dates of Attendance and/or Graduation: \_\_\_\_\_

Typed Name Indicates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No. of copies: \_\_\_\_\_

### **GUTHRIE HIGH SCHOOL**

200 Crooks Drive  
Guthrie, OK 73044  
Fax # 405-282-8823  
Registrar@guthrieips.net

In compliance with the Family Educational Rights and Privacy Act of 1974.

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