



42505 Highway 25
Vincent, AL 35178
205-682-7300 | 205-682-7305 [Fax]

TRANSCRIPT REQUEST FORM

Please Print All Information

I hereby give permission to Vincent Middle High School to furnish information from the school record of:

Last Name First Name MI Maiden Name

Social Security # Birth Date Student Home Phone Cell Phone

I am currently:

- Enrolled in VMHS
- Graduated Graduation Year: _____
- Drop Out Drop Out Year: _____
- Transfer Transfer Year: _____

Send To:

(School, College/University, Employer, etc.)

(Address)

(City, State, Zip)

Note: In addition to grades, all test results are included in this release.

Signed: _____
Parent/Guardian or *Student *

Date: _____

If a student is 18 years or older, he/she must give permission instead of parent/guardian. Sec. 513, Title V. Public Law 93-380

There is a \$5.00 processing fee for each transcript sent. Money MUST be attached in order to send transcript. Please attach cash, check, or money order. We are unable to accept debit or credit cards at this time.

ALLOW 5-7 BUSINESS DAYS FOR REQUEST TO BE PROCESSED

PICTURE ID:

For Internal Use Only	
Date of Request Received	_____
Date Mailed/Submitted	_____
Submitted by	_____