

Transcript Request Form



Name as shown on records _____

High School attended & Year Graduated _____

Withdrew from what school _____

Name of School to receive Transcript _____

School Address _____

\$5.00 Cost Yes _____ No _____

Mail this completed form and check or money order (made out to Columbus High School) to:

Counselor's Office
Columbus High School
215 Hemlock Street
Columbus, MS 39702

OFFICE USE ONLY!

Date sent _____