The Georgetown School of Arts and Sciences

Excellence · Inclusion · Honor · Respect

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TRANSCRIPT REQUEST FORM

Name:____
Last First Middle

Date of Birth:_______________________Expected Graduation:_______Present Grade:_________

Counselor's Name:____

Student's Current School:

____
Name of School

____
Phone

____
Address

____
City, State, ZIP

Authorization to release school records and all test scores to The Georgetown School of Arts and Sciences:

Signature of Parent (if student is under 18):____________________________________

Signature of Student (if age 18 or over):_______________________________________

Mail or Fax ALL requested documents to 1200 Highmarket Street, Georgetown, SC 29440, Fax: 843-520-4944

TGS Office Use Only

Date request sent: ____

Date transcript received:____________________________________