



TRANSCRIPT AND RECORDS 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): _____

Email all requested documents to: office@thegeorgetownschool.org

or

Mail all requested documents to: 1200 Highmarket Street, Georgetown, SC 29440

Fax all requested documents to: 843-589-9071

TGS Office Use Only

Date request sent: _____

Date transcript received: _____