

**Cartersville City Schools**  
**TRANSCRIPT REQUEST**

**NOTE: PLEASE ALLOW 72-HOUR PROCESSING TIME ON ALL REQUESTS FOR RECORDS**

NAME: \_\_\_\_\_  
PHOTOCOPY OF PICTURE I.D. MUST BE INCLUDED

MAIDEN OR ANY OTHER NAME (S) IF APPLICABLE: \_\_\_\_\_

PHONE # : \_\_\_\_\_ ALTERNATE PHONE # : \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CARTERSVILLE CITY SCHOOL LAST ATTENDED: \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_

LAST YEAR ATTENDED IF NO GRADUATION: \_\_\_\_\_

\_\_\_\_\_ I WILL PICK UP MY TRANSCRIPT/RECORDS (PLEASE ALLOW 72 HOURS PROCESSING TIME)

\_\_\_\_\_ I NEED MY TRANSCRIPT MAILED TO: (PLEASE GIVE NAME AND ADDRESS FOR MAILING)

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

**SIGNATURE:** \_\_\_\_\_ (Date)  
(I certify that I am the person whose record is being requested)

**Return requests to:** **Cartersville City Schools**  
**Attn: Records Department**  
**15 Nelson Street**  
**P.O. Box 3310**  
**Cartersville, GA 30120**

For Office Use Only	
Date Processed	_____
Processed By:	_____
Picked Up	<input type="checkbox"/>
Mailed	<input type="checkbox"/>

**PHOTOCOPY OF PICTURE I.D. MUST BE INCLUDED**