	Transcript Request Form (Fee of \$5 is due upon request.) Telephone 334-527-8879 Fax 334-527-3405
	Date of Request:
Former	Student's Name:
Mailing	Address:
City/Sta	ate/Zip Code:
Telepho	one Number:
Transci	ript requested to be mailed to:
-	(Make sure you provide complete and accurate address.)
	Signature of Former Student
D	ment of a \$5 fee must be in the form of check or money order payable to Brantley High School or may be cash.
Рау	This should be mailed or delivered to: