

# Hamilton County High School

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Phone: 386-792-8100 ~ Fax: 386-792-6594

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## Transcript Request Form

*This form is to request an official copy of a Hamilton County High School transcript. Signature is required. Transcripts are stamped with an official Hamilton County High School seal and signed by a school official. ONLY parents/guardians (for students under the age of 18) and students age 18 or older may request the release of official transcripts. PLEASE PRINT LEGIBLY*

### Requestor Information

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is the student the requestor? Yes \_\_\_\_\_ No \_\_\_\_\_ *If no, complete the student information below.*

Student Name: \_\_\_\_\_  
First Middle Last

Student Date of Birth: \_\_\_\_\_ Relationship of Requestor to Student: \_\_\_\_\_

### Transcript Destination

Destination 1: Name of School or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date to Send: \_\_\_\_\_ Attention of: \_\_\_\_\_ # of Transcripts: \_\_\_\_\_

Destination 2: Name of School or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date to Send: \_\_\_\_\_ Attention of: \_\_\_\_\_ # of Transcripts: \_\_\_\_\_

Destination 3: Name of School or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date to Send: \_\_\_\_\_ Attention of: \_\_\_\_\_ # of Transcripts: \_\_\_\_\_

### Authorization

By signing below, I give permission for Hamilton County High School to send transcripts to the above locations. Signature is required for processing.

\_\_\_\_\_  
Signature of Parent/Guardian/Student Date