

Do you need a copy of your transcript? Print and fill out the Transcript Request Form below. Please allow 2-3 working days after receipt for processing. Mail request form, along with \$2.00 per transcript to:

Abbeville High School, 411 Graball Cutoff, Abbeville, Alabama 36310

At 18 years of age, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), schools cannot release academic records without written consent of the student.

Abbeville High School Transcript Request Form

Name on Record _____

Date of Birth _____

Telephone Number _____

Year of Graduation from Abbeville High School _____

-OR-

Year of Withdrawal from Abbeville High School _____

Name and Address of College or University to which you want **official** transcript sent:

Signature _____

Date _____

Office use only:

Date request received: _____

Date transcript sent: _____

Amount Paid _____