



GEORGIA SCHOOL FOR THE DEAF
REQUEST FOR RECORDS/TRANSCRIPTS

232 Perry Farm Rd SW, Cave Spring GA 30124 Attn: Transcript
770-777-2200 Main 770-777-2400 Fax

YOU MUST PROVIDE STATE ISSUED IDENTIFICATION WHEN REQUESTING SCHOOL RECORDS/TRANSCRIPTS (clear copy). Completed form, Clear copy of ID before request is processed/mailed. Mail/Fax to the address/fax number above

Last grade completed at GSD: _____ Year Graduated or last attended: _____

Name (as recorded on school records): _____

Current Name (if different from above): _____

Date of Birth: _____ Social Security number (last 4 digits): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

BEST phone number to reach you: _____ cell/home/work (circle one)

Mother's Name: _____ Father's Name: _____

Please allow 72 hours for research and mailing

Number of CERTIFIED copies needed: _____

Reason for request (check one): self _____ OR school _____ OR employment _____

Will records/transcript be picked up _____ OR mailed _____

Name of School/University/College/Company we need to mail to (if necessary).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

AUTHORIZATION FOR RELEASE: _____ **Today's Date:** _____

SIGNATURE REQUIRED

For Office Use Only:

Processed by: _____ Date: _____