



**Carroll High School
ATTN: Records Request
141 Eagle Way
Ozark, Alabama 36360**

Complete this form and mail with a \$5.00 check or money order to Carroll High School.
We are unable to process debit or credit cards at this time and apologize for the inconvenience.
PLEASE PRINT ALL INFORMATION

Last Name _____ First Name _____ MI _____

Last NAME when you attended Carroll _____ Last YEAR attended CHS _____

Date of Birth _____; Last 4 digits of social security number _____

COMPLETE name of institution where transcript is being sent.

Please select ONE of the following three choices for transcript delivery:

A. Mail – Complete address including zip code:

B. Email – Print CLEARLY!

C. FAX – Complete number. _____

What is YOUR current address and phone number?

Signature _____ Date _____

*INCOMPLETE requests or those without the \$5.00 fee will NOT be processed.