

# Strom Thurmond High School Transcript Request Form

Guidance Department  
Strom Thurmond High School  
1131 Columbia Road  
Johnston, SC 29832

Fax: (803) 275-6486

Please complete this form (in ***“PRINT”***) and mail or fax to us for processing:

Name: \_\_\_\_\_  
(First, Middle, and Last Name when enrolled at Strom Thurmond High School)

Date of Birth: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Current Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_

Where do you want us to send the transcript?

Name & Address of Institute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Official Transcripts: \_\_\_\_\_ @ \$5.00 each = \_\_\_\_\_  
(Number Requested)

Unofficial Transcripts: \_\_\_\_\_ @ \$3.00 each = \_\_\_\_\_  
(Number Requested)

Total payment enclosed: (***Check or Money Order only***) = \_\_\_\_\_

Your Signature (***Required***) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Official Use Only: Sent by: \_\_\_\_\_ Date sent: \_\_\_\_\_  
Paid by: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_