

**GETTYS D. BROOME HIGH SCHOOL
TRANSCRIPT/RECORDS REQUEST
(Please print plainly)**

LAST NAME: _____ **FIRST:** _____ **MIDDLE:** _____
(As listed on record)

**GRADUATION YEAR
OR LAST YEAR ATTENDED:**

**UNOFFICIAL
COPY
REQUESTED:**

SEND TO:

TEST SCORES TO BE SENT: **YES** **NO**

SIGNATURE: _____ **DATE:** _____
(THIS MUST BE SIGNED BY PARENT/GUARDIAN IF UNDER 18)

DAYTIME PHONE: _____

FEE PAID _____

**THE FEE FOR TRANSCRIPTS IS \$5.00 EACH. ONLY AN UNOFFICIAL COPY
WILL BE GIVEN TO AN INDIVIDUAL. OFFICIAL COPIES ARE SENT TO A
SCHOOL AND/OR EMPLOYMENT.**

THERE IS APPROXIMATELY A 2-3 DAY WAIT FOR ALL TRANSCRIPTS.