

**PAMLICO COUNTY HIGH SCHOOL  
REQUEST FOR TRANSCRIPT**

**TRANSCRIPTS REQUIRE A 24 HOUR PROCESSING TIME. PLEASE MAKE SURE YOU PROVIDE US WITH CORRECT COLLEGE/OFFICE ADDRESS FOR MAILING OF OFFICIAL TRANSCRIPTS. INDIVIDUALS PICKING UP TRANSCRIPTS IN PERSON MUST BE PREPARED TO SHOW PROPER PICTURE ID. SIGNATURE SHOULD BE YOUR NAME ON YOUR ID.**

***CONTACT INFORMATION: WHEN ENTERING LAST NAME MUST BE AS APPEARED ON SCHOOL RECORDS AT TIME OF GRADUATION***

(Last)  (First)  (Middle)

Year of graduation:  or last year attended:

Last 4 SS#:  DOB:  Contact Phone #:

***Mail transcript to (Name of College/Job)***

Address:

City:  ST:  ZIP:

***Mail transcript to (Name of College/Job)***

Address:

City:  ST:  ZIP:

**Date Requested:**  **Date Processed:**  **INT By:**

***Person to pick up:***  ***ID Checked:*** YES  NO

***Signature of applicant/designee:***

***Signature of school official***

***Date***