

TRANSCRIPT REQUESTS

Official transcripts can be sent to the college or facility indicated on the Transcript Request Form below or picked up Monday through Friday between the hours of 8:30 A.M. and 4:00 P.M.

Current Students: Students in high school or just graduated in same year can request a transcript(s) by contacting their High School Counselor. (If under 18, parents must request and sign for the Transcript.)

Graduates & Former Students: Please fill out the Transcript Request Form below and mail, fax, or email as follows:

- Requests can be faxed to Cynthia Johnson at 601-783-6733.
- Requests can be mailed to South Pike School District, 250 West Bay Street, Magnolia, MS 39652
- Request can be e-mailed to cjohnson@southpike.org. Please provide the following information in your request:
 - Student's Name
 - Year of Graduation
 - Date of Birth
 - Phone #
 - Name of college or facility
 - Address of college or facility



*Reaching
For New
Heights*

South Pike School District

www.southpike.org
250 W. Bay Street
Magnolia, MS 39652
Telephone- 601-783-0430
Fax- 601-783-6733

The Family Education and Privacy Act of 1974, P.L. 93-380, Section 438 (FERPA) prohibits the release of information concerning students or former students from school records without the written consent of parents of minor students or students themselves (age 18 or over) with few exceptions.

REQUEST FOR STUDENT RECORDS/ HIGH SCHOOL TRANSCRIPT

This is a formal request for my (the undersigned) high school transcript.

LAST NAME _____ FIRST NAME _____ M.I. _____

LAST NAME WHILE ATTENDING (if different) _____

DATE OF BIRTH _____ YEAR OF GRADUATION _____

STUDENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____

PLEASE SEND MY HIGH SCHOOL TRANSCRIPT TO:

UNIVERSITY/FACILITY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AUTHORIZED DESIGNEE _____

I am hereby authorizing the above person/representative to pick up a copy of my transcript for me.

Signature: _____ Date: _____
Student

Signature: _____ Date: _____
Authorized Designee

For Office Use Only: Served by: _____
Date Received: _____ Date Sent _____ ID Provided _____
Method of Transmission: Walk- in _____ Fax: _____ NMT Script _____ Mail _____