

**TRANSCRIPT REQUEST**  
**CAMDEN COUNTY HIGH SCHOOL**  
**HOME OF THE WILDCATS**

NAME: \_\_\_\_\_  
                            LAST                            FIRST                            MIDDLE

**NAME YOU ATTENDED HIGH SCHOOL UNDER:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

GRAD. YEAR: \_\_\_\_\_

NON-GRAD. YEAR: \_\_\_\_\_

MAILING ADDRESS:                              **(FOR TRANSCRIPT)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRANSCRIPTS FOR CCHS SENIORS ARE FREE AND CAN BE REQUESTED IN GUIDANCE. THERE IS A \$2.00 FEE FOR TRANSCRIPTS FOR ANYONE THAT HAS GRADUATED. PLEASE MAIL CHECK OR MONEY ORDER TO THE FOLLOWING ADDRESS:

CAMDEN COUNTY HIGH SCHOOL  
6300 LAUREL ISLAND PARKWAY  
KINGSLAND, GA 31548  
ATTN: GUIDANCE