

**TRANSCRIPT REQUEST
FOR HIGH SCHOOL / G E D**

Today's Date: _____

High School

Address

City

State

Zip Code

PLEASE SEND A COPY OF MY OFFICIAL TRANSCRIPT TO:

Holmes Community College
Office of Admissions
1060 Avent Drive
Grenada, MS 38901

Name _____

Last

First

Middle or Maiden

Address _____

Social Security Number _____

Name during last attendance (if different from above) _____

Date last attended: _____

Date of Birth _____

Place of Birth _____

Signature _____

Note to high school: Please show date of graduation, ACT scores (if available), and Principal's signature.

Return this form with transcript.

Fee: If a fee is required, make check payable to institution from which transcript is requested.