

South Stokes High School
Transcript Request Form

Student Name _____
 First Middle Last Maiden

Last Year Attended: _____ Date of Birth: _____

Please check on: Graduated _____ Transferred _____ Withdrew _____

I give permission for my Transcript/Immunization records to be sent to the following address(es) listed below.

1) _____

2) _____

3) _____

Or

_____ I will pick up my transcript from South Stokes Monday – Friday between 7:30 am and 3:30 pm. (Please call 336-994-8495 to make sure your request was received and that the transcript is ready for pick-up.)

Phone Number where you can be reached - (_____) _____

Signature _____ Date of Request _____

Please include check or money order for \$5.00 per transcript in order for your request to be processed.

Please mail requests to:

South Stokes High School
Attn: Counseling Office
1100 South Stokes High Drive
Walnut Cove, NC 27052