



**FOOTHILLS**  
EDUCATION  
CHARTER HIGH SCHOOL

Full Name \_\_\_\_\_  
Last First Middle Maiden, if applicable

Date of Birth \_\_\_\_\_ Year of Graduation/Last Year Attended \_\_\_\_\_

Site Attended (circle) Baldwin Barrow Burruss Clarke Glynn

Jackson Lee Arrendale Madison Morgan Phillips Walton

I give permission to Foothills Education Charter High School to release my transcript (including ACT/SAT scores) as instructed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Transcript to be picked up in person (ID required). Contact me at this number when transcript is ready.

Phone number \_\_\_\_\_

\_\_\_\_\_ Transcript to be mailed to the address provided

Please send my transcript to:

College or other institution/business \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

**Form may be taken in person to the site attended, fax to 706-795-5104, or email to transcript.requests@foothillscharter.org. Please allow 24 hours for processing.**

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**For Office Use Only**

Transcript released Date \_\_\_\_\_ Transcript processed by \_\_\_\_\_