

BREMEN HIGH SCHOOL

REQUEST FOR STUDENT RECORDS/TRANSCRIPT

- Requests will be processed within five school days.
- Submit requests/Pick-up records – during school days from 8:00 am until 3:00 pm.

Record Verification Information

Date: _____

Name (as recorded on school records): _____

Current Name (if different from above): _____

Contact Numbers: _____ or _____

Student's Date of Birth: _____ Last four digits of SSN: _____

Current Student (circle one): YES / NO Year Graduated _____ Year Withdrew: _____

Mother's Name: _____ Father's Name _____

Record Request

Official Transcript _____ Other Records: _____

Number of copies requested _____ Will pick up request: _____

Forward records to: _____

Authorization for Release: _____

Signature Required

Date

Submit form to:
Bremen High School
Attn: Registrar
504 Georgia Avenue
Bremen, GA 30110
jackie.parks@bremencs.com