## FORMER GILMER HIGH SCHOOL STUDENT TRANSCRIPT REQUEST FORM

			-
Last Name		First Name	M.I.
*This should be the nam	ne you used while in attenda	nce at Gilmer High School.	
Date of Birth:	-		
Graduation Year:	or	Withdrawal Year:	
Contact Phone Number:			
Number of transcripts re	equested:	_	
Send transcripts to:			
College/University	Address	City/State/Z	Zip

\*\* Please make checks payable to Gilmer High School, and mail to

Gilmer High School Attn: Transcript Requests

850 Buffalo St.

Gilmer, Texas 75644