



**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 Bibb Burruss Butts Heartland Clarke Franklin Greene  
Jackson Jasper Lee Arrendale Madison Morgan Oglethorpe Phillips Social Circle  
Transfer Credit Community Walton Virtual Youth Challenge Program

*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). Phone Number: \_\_\_\_\_

\_\_\_\_\_ Transcript to be mailed to (select one): \_\_\_\_\_ Personal Address \_\_\_\_\_ College/Other

**Please send my transcript to:**

**Name (for personal copy):** \_\_\_\_\_

**College or other institution/business (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

*Form may be taken in person to the site attended, fax to 706-395-5736, or mailed via US Postal Service at PO Box 7427, Athens, Georgia 30604. Please allow up to 2 business days after receipt for processing.*

**For Office Use Only**

Transcript Released Date: \_\_\_\_\_ Transcript Processed By: \_\_\_\_\_