

Sussex Central High School
School Counseling Department

Transcript Request Form

Name: _____

(If married please be sure to put your maiden name, your name when in school)

Date of Birth: _____

Telephone Number: _____

Year Graduated _____ or Withdrew _____

Check one of the following: ____ [will pick up] ____ [mail]

(If mailed to you please do not open or it will not be official.)

Mail To:

Please **mail** your request to:

Sussex Central High School
School Counseling Department
Attn: Ruth Holmes, Guidance Secretary
21394 Sussex Drive
Stony Creek, VA 23882

Fax your request to: 434.246.5503 or 434.246.4038.

Email your request to: rholmes@sussex.k12.va.us.

Please allow 48 hours for us to process your request. Thank you.