

**GLEN ROSE HIGH SCHOOL  
TRANSCRIPT RELEASE FORM**

14334 Highway 67  
Malvern, AR 72104  
Phone 501-332-3694 \* fax 501-332-3902

Name of student when enrolled at GRHS: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Date of enrollment/graduation: \_\_\_\_\_

Current name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Request for transcript made by:

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

In Person: \_\_\_\_\_

Instructions: Please mail/fax/email to: \_\_\_\_\_

\_\_\_\_\_

Signature of former student requesting transcript: \_\_\_\_\_

Date: \_\_\_\_\_