



GEORGIA NATIONAL GUARD YOUTH CHALLENGE ACADEMY TRANSCRIPT REQUEST FORM

(Please Print)

FIRST NAME MIDDLE NAME LAST NAME

CLASS /YR LAST ENROLLED DATE OF BIRTH (MM/DD/YYYY)

STUDENT SOCIAL SECURITY OR ID NUMBER DAYTIME PHONE NUMBER

LOCAL ADDRESS CITY/ STATE ZIP CODE

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: _____

PROCESSING TIME

Transcripts will be sent out in approximately one week. However, please allow two to three weeks during peak periods.

PERSONAL PICK-UP

Please allow two (2) days for processing of transcripts that will be picked up by the student. (*Note: You must have a valid ID card to personally pick up a transcript.*)

Number of Copies Requested: _____

Date and time you will pick up: _____

YOUTH CHALLENGE ACADEMY Education Department
P.O. BOX 3610 | FORT STEWART, GEORGIA 31315 | TEL: (912) 767-0864

