



Transcript Request

Request for Student Transcript From:
Liberty Independent Private School
229 Larisey Lane
Blythe, GA 30805
Phone: 706-305-8575
Fax: 866-573-8433
registrar@LibertyIPS.com

Dear Registrar:

Please send the following student's transcript to:

Student's Name at Time of Enrollment: _____

Date of Birth: _____ Current Grade Level: _____
(Or Year of Graduation)

School Name: _____ Counselor Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Fax _____

Counselor Email _____

Requester's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Signature/ Relationship to Student

Date