



Transcript Request

Request for Student Transcript From:
Liberty Independent Private School
4115 Columbia Rd, Ste
5, PMB 370
Martinez, GA 30907
Phone: 706-510-2585
Fax: 706-671-2895
registrar@LibertyIPS.com

Dear Registrar:

Please send the following student's transcript, attendance records, testing and discipline record:

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