

Office of Admissions

Roberts' School of Cosmetology

2415 Fairburn Road, S. W.

Atlanta, Georgia 30331

404-344-6890

E-mail Skoolrob@bellsouth.net

Request for High School Transcript

Applicant's
Name _____

Name on school
records _____

Social Security _____ Date of Birth _____

Present Address

Address when last attending school

Parent(s)/Guardian(s):

(Mother) _____

(Father) _____

Please list all schools attended:

Name of School City State County

from: _____ to: _____ Date graduated/withdrew: _____
mo./yr.

Name of School City State County

from: _____ to: _____ Date graduated/withdrew: _____
mo./yr.

I, _____,

request a certified copy of my high school transcript to be sent to Roberts' School of Cosmetology at the address above.

Applicant's signature _____

Date _____