



Georgia Academy for the Blind

2895 Vineville Avenue
Macon, Georgia 31204
478-751-6085 – School Office
478-752-1745 – School Fax
“We Will Create Our Future”

Dr. Kenney Moore
Director, Division of State Schools

Dr. Cindy B. Gibson
Superintendent, GAB

Transcript Request Form

Student Full Name (and former name if applicable)

Date of Birth _____

Dates of attendance at GAB _____

Phone number _____

Address where transcript should be mailed: (Note that official transcripts must be mailed directly to educational institution. Unofficial transcripts can be mailed to student directly)

1.	3.
2.	4.

Submit completed form to:

Tyrene Neil
Student Services Coordinator
2895 Vineville Ave.
Macon, GA 31204

tneil@doe.k12.ga.us
FAX 478-752-1745

I authorize Georgia Academy for the Blind to release records to entities listed above.

Signature: _____

Office Use Only

Date Request received _____

Date transcript mailed _____

Signature _____