

# Request for Official Transcript

Social Security Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

**This official transcript will be mailed to you. Do not open it.**

Your home address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**There is a \$10 charge for each transcript requested made payable to Academy of Hair Design. *Only Money Orders Accepted.***

Mississippi Barber Academy  
Attention: Melvin  
5420 I-55 Frontage Road North  
Jackson, MS 39211

**Transcripts will be mailed within 48 hours of receipt. If you owe the school monies and Incomplete transcript will be sent.**