

PEACHTREE RIDGE HIGH SCHOOL

1555 OLD PEACHTREE ROAD, SUWANEE, GEORGIA 30024

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DR. STEVEN W. FLYNT
Principal



J. ALVIN WILBANKS
CEO/SUPERINTENDENT

**TRANSCRIPT AND TEST SCORES WAIVER
REQUEST FORM**

Student Name _____ Grade _____

Student ID# _____

I give permission for Peachtree Ridge High School to release copies of my official transcript and test scores when requested by me or my parents.

Parent signature _____

Student signature _____

Date _____