

TRANSCRIPT REQUEST FORM


Allow 2 business days for processing

Completed Request Forms should be turn into the registrar of the high school you attend or graduated.

PLEASE PRINT OR TYPE CLEARLY

Student Name _____		Birthdate _____	Today's Date _____
Student Status	<input type="checkbox"/> Current Student (Grade) _____	<input type="checkbox"/> Graduated (Year) _____	<input type="checkbox"/> Withdrawn
Address _____			
Street	City	State	Zip
Phone _____		Email _____	

Fines/Fees must be cleared with Bookkeeper before official transcript will be issued.

 Fines/Fees cleared
 Hold for payment of \$ _____ in outstanding fines.

Bookkeeper Signature _____ (not required for unofficial transcript)

Processing Instructions:

Send (#) _____ to address/es below
 Hold (#) _____ for in-person pick up

Fax to _____ Fax number _____

Total official transcripts requested _____
 Unofficial transcripts requested _____

Receipt # _____ \$3 cost for Graduated or Withdrawn Students who have been out of the school building for 4 or more years.

Comments: _____

Mail transcript to:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Mail transcript to:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Signature required



Transcript requested for: Scholarship

College Application Other

 Student/Parent Signature

Office use only

Transcript/s processed on: _____

Mail Fax Pick-up Email (*Unofficial Only*)

Initials _____ Total transcripts processed _____