

REQUEST FOR TRANSCRIPT
ALLOW 10 WORKING DAYS BEFORE ANY DEADLINE
COST \$1.00

Date: _____

Name: _____
First M.I. Last (Maiden)

Address: _____
Street City State Zipcode

Current Phone #: _____ Year of Graduation: _____

Send Transcript to: _____

Address: _____
Street City State Zipcode

I consent to have the school disclose the requested information contained in the school records for the above-named student. The transcript will include all grades and test scores.

Date

Signature of Parent/Guardian/18 year-old student