



TRANSCRIPT REQUEST FORM

NAME: _____
(LAST) (MAIDEN) (FIRST) (MIDDLE)

Birthdate: _____ Year Graduated: _____ Phone #: _____

Residence Address: _____

Send Transcript To: _____ (ATTN: _____)
(College, University, Scholarship Organization, Business, Etc.)

Address: _____

Transcript is to be sent:

- a. ___ directly to above address.
- b. ___ to counselor _____ (name of counselor)
- c. ___ to me. Or picked up personally.
(Transcript will be UNOFFICIAL.)

Cost of Transcript:

- 1. First two transcripts . no charge.
Student **MUST** provide LEGAL size, stamped Envelope. **DO NOT ADDRESS ENVELOPE**
- 2. \$1/transcript after 2nd request or after graduating or leaving school.

Transcript must include:

- a. ___ 6 sem. (end of junior year)
- b. ___ 6 sem. & 1st quarter report card.
- c. ___ 7 sem. (includes S1 sr. yr. Report card)
- d. ___ 8 sem. (end of senior year)
- e. ___ American College Test (ACT) scores
- f. ___ Scholastic Aptitude Test (SAT) scores
- g. ___ PSAT scores
- h. ___ Others (specify): _____

For Office Use Only

Date transcript was made _____
Initials _____
Date actually mailed _____
Initials _____

Student Signature Date

Parent Signature (if under 18 yrs old) Date

Request form cannot be faxed or emailed. Original signature is required.