

Transcript Request

- Please allow 8 to 12 school days to process
- One transcript form per student and mailing location

Parent/Guardian: _____ Request Date: _____

Student Name: _____ Grade: _____

Enrollment Date: _____ Site: _____ EP: _____

DOB: _____ Place of Birth: _____

List of previous High School(s) attended:

1. _____
2. _____
3. _____

Check One ONLY:

Unofficial Transcripts	<input type="checkbox"/>	Official Transcripts	<input type="checkbox"/>
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Check One ONLY:

<input type="checkbox"/> Send now; Do NOT hold for semester grades	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
<input type="checkbox"/> Hold until semester grades are posted.....		
<input type="checkbox"/> Hold until after Graduation		
<input type="checkbox"/> Other Instructions:		

Send Official Transcripts directly to:

Name: _____
Address: _____
City, State, Zip: _____
Send Atten to: _____

(counselors name/ registrar)

Parent/Guardian Signature: _____

Student Signature: _____

For Office Use Only:	
Date Received: _____	Transcripts sent on: _____