Transcript Request Form

Student’s Name: ________________________________________ Grade _________

Date of Birth __________

Parent’s Name: ____________________________________________

Parent’s Signature: _________________________________________

Type of Transcript Requesting: Unofficial Official

PLEASE NOTE:

• 48-hour turnaround for Transcripts.

• Mailed transcripts must have a self-addressed stamped envelope

• A signed Parental Release Form from the requesting High School must be completed

Mail Official Transcript to:

Name of School: ____________________________________________

Contact/Department: _________________________________________

Mailing Address: ____________________________________________

__________________________________________________________

Date Request Received: ______________  Date Request Sent: ____________