



OFFICIAL TRANSCRIPT REQUEST

Student's Full Name while attending Sterling High School (Last, First, Middle)			
Date of Birth	Today's Date	Last Year Attended	Graduated <input type="checkbox"/> Withdrew <input type="checkbox"/>
Student's Current Name		Daytime Phone	

<input type="checkbox"/> Transcript	<input type="checkbox"/> ACT/SAT scores	<input type="checkbox"/> Immunization record	<input type="checkbox"/> Special Education records
Send by U.S. Mail to:			
\$5.00	All transcripts not sent to a College or Employer will be UNOFFICIAL only. We cannot provide Official transcripts to an individual.		

Comments

I authorize the release of my school records, as directed above.

Signature

You must enclose a copy of your current valid ID.

Mail completed form, copy of ID and \$5 fee to:

**Sterling High School
Student Records
401 W Broadway St
Sterling, CO 80751**

OFFICE USE ONLY

Date Received: _____ Paid: _____

Date request processed & sent:

By: _____