Cook County Schools
101 W. 5th St.
Grand Marais, MN 55604
(218) 387-2273
Fax. (218) 387-9746

TRANSCRIPT REQUEST FORM

DATE FORM HANDED IN: ________________________________

STUDENT NAME AND ADDRESS: ________________________________

______________________________

PHONE # ________________________________

STUDENT DATE OF GRADUATION: ________________________________

SCHOOL NAME AND ADDRESS WHERE TRANSCRIPT IS TO BE *SENT:

Name ________________________________

Address ________________________________

______________________________

I authorize CCHS to release this transcript to the address listed above
Signature of student or Legal Guardian:

______________________________

*Please send or fax this form to address on letterhead attn: Guidance

______________________________

School use only
DATE TRANSCRIPT SENT OUT: ________________________________