



# COOK COUNTY SCHOOLS

101 W. 5<sup>th</sup> 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: \_\_\_\_\_