

Powers Lake High School

Transcript Request Form

Please completely fill out the following information and return to the office.

Date: _____

Name: _____

How would you like us to send your transcript? (Please select one of the options below)

_____ Please mail the transcript to the address below:

_____ Please fax the transcript to the number below:

School Name & Department: _____

Fax Number: _____

Attention: _____

The below signature(s) authorizes Powers Lake Public School to release my student transcripts to the entities listed above. I understand that an incomplete form will not be processed. *(Please note that if the student is under 18, the signature of a parent/guardian is required. If the student is over 18 a parent's signature is not required.)*

Signed: _____
(Student Signature) Date

Signed: _____
(Parent Signature) Date

Office Use Only

Date Received: _____

Date Transcript Sent: _____