

TRANSCRIPT REQUEST

Transcripts may be withheld until all financial obligations with the school are satisfied. Please allow 5 working days for processing. **FEE: \$2.00 PER COPY**
Fee must accompany request

Name: _____ Grade: _____ Birthdate: _____
(Last) (First) (Middle)

Year of Graduation or last semester attended: _____

Personal Copy _____ # of copies
(No signature, unsealed envelope)

Official Copy
(Sealed in envelope with official stamp)

Pick Up

Send Now**

Give to Counselor

**If transcript is to be mailed print address below.

TESTS:

Do not include test scores (please check if you DO Not wish test scores to be included)

List school(s) transcript is being sent to: _____

Signature: _____ Date: _____

Parent signature is required if under the age of 18.