

# TRANSCRIPT REQUEST

Authorization for release of student information from Aberdeen Central High School to another school, college, university or third party.

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Year of Graduation or Last Year Attended \_\_\_\_\_ (\$5.00 charge if over 5 years)

Maiden Name (or former name, if applicable) \_\_\_\_\_

Send to: \_\_\_\_\_

(Office of Admissions, Student Records, etc.)

\_\_\_\_\_

(Name of College, University, Tech School, High School, etc)

\_\_\_\_\_

(Street or Mailing Address)

\_\_\_\_\_

(City, State, Zip)

Transcript to be sent: \_\_\_\_\_ **Current**

\_\_\_\_\_ **Final** (will be sent in June after grades are posted)

I authorize the release of this transcript:

\_\_\_\_\_  
Parent Signature **OR** Student Signature if 18 or older

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Office use only: Date transcript sent \_\_\_\_\_

Sent by \_\_\_\_\_

**Send Request to:** Registrar's Office  
Central High School  
2200 S Roosevelt Aberdeen,  
SD 57401  
[Carol.Rutherford@k12.sd.us](mailto:Carol.Rutherford@k12.sd.us)  
Fax: 1-605-725-8199

There is a \$5.00 charge if transcript is over 5 years. (Make check payable to Aberdeen Central High School)