

Transcript Request Form

Student's Name: _____ Grade _____

Date of Birth _____

Parent's Name: _____

Parent's Signature: _____

Type of Transcript Requesting: Unofficial *Official*

PLEASE NOTE:

- *48-hour turnaround for Transcripts.*
- *Mailed transcripts must have a self-addressed stamped envelope*
- *A signed Parental Release Form from the requesting High School must be completed*

Mail *Official* Transcript to:

Name of School: _____

Contact/Department: _____

Mailing Address: _____

Date Request Received: _____ *Date Request Sent:* _____