



REQUEST FOR TRANSCRIPT

NAME (PLEASE PRINT) _____ Class of _____ Date of Birth _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____ Email Address _____

SIGNATURE (REQUIRED) _____ Date _____

PARENT SIGNATURE (if student is under 18 years of age) _____

For every transcript, there is a fee of \$5.00 **payable with each request.** *The normal time for completion is two school days. If you want a copy rushed, the charge is doubled to \$10.00 for EACH copy. Unless indicated otherwise, ALL TRANSCRIPTS ARE OFFICIAL COPIES.*

List the college/university/other and its address to where you want a transcript sent.

NAME & ADDRESS OF COLLEGE/UNIVERSITY/OTHER

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SPECIAL REQUEST FOR TRANSCRIPT PICK UP
 If you need an official copy (one signed and sealed for official use) for a scholarship or to hand deliver, OTHER than those requested above, please indicate your need in the space below.

____ OFFICIAL copy to be picked up from the front desk.

____ UNOFFICIAL COPY to be picked up from the front desk.

____ MAIL above request to HOME ADDRESS

OFFICE USE ONLY

Rec'd _____

Fees Paid \$ _____

Completed _____

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