



# TRANSCRIPT REQUEST FORM

NAME: \_\_\_\_\_  
(LAST) (MAIDEN) (FIRST) (MIDDLE)

Birthdate: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Phone #: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Send Transcript To: \_\_\_\_\_ (ATTN: \_\_\_\_\_)  
(College, University, Scholarship Organization, Business, Etc.)

Address: \_\_\_\_\_

*Transcript is to be sent:*

- a. \_\_\_ directly to above address.
- b. \_\_\_ to counselor \_\_\_\_\_ (name of counselor)
- c. \_\_\_ to me. Or picked up personally.  
(Transcript will be UNOFFICIAL.)

*Cost of Transcript:*

- 1. First two transcripts –no charge.  
Student MUST provide LEGAL size, stamped Envelope. DO NOT ADDRESS ENVELOPE
- 2. \$1/transcript after 2<sup>nd</sup> request or after graduating or leaving school.

*Transcript must include:*

- a. \_\_\_ 6 sem. (end of junior year)
- b. \_\_\_ 6 sem. & 1<sup>st</sup> quarter report card.
- c. \_\_\_ 7 sem. (includes S1 sr. yr. Report card)
- d. \_\_\_ 8 sem. (end of senior year)
- e. \_\_\_ American College Test (ACT) scores
- f. \_\_\_ Scholastic Aptitude Test (SAT) scores
- g. \_\_\_ PSAT scores
- h. \_\_\_ Others (specify): \_\_\_\_\_

**For Office Use Only**

Date transcript was made \_\_\_\_\_  
Initials \_\_\_\_\_  
Date actually mailed \_\_\_\_\_  
Initials \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Parent's Signature (if under 18 yrs old) Date

**\*Request form cannot be faxed or emailed. Original signature is required.\***