

STUDENT TRANSCRIPT REQUEST FORM

Student's Name: _____ Date of Request: _____

I understand that there is no cost for the first 3 transcripts requested.

For each additional transcript there is a \$3.00 charge per transcript. I also understand that transcripts will be sent or made available to pick up approximately **one week** after forms are turned into the HS Office.

PICKUP REQUEST:

I hereby request that an official transcript be made available to be picked up at the HS Office

Please DO NOT include my SAT / ACT scores on my transcript

Name of person authorized to pick up transcript: _____

Relationship to student: _____

Contact info (email / phone): _____

MAIL / EMAIL / FAX:

I hereby request an official transcript be released to the following education institution(s):

1. College / University Name: _____

To the ATTN of (Required*): _____

Please send by: Mail Email Fax

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Fax Number: _____

Please DO NOT include my SAT / ACT scores on my transcript

2. College / University Name: _____

To the ATTN of (Required*): _____

Please send by: Mail Email Fax

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Fax Number: _____

Please DO NOT include my SAT / ACT scores on my transcript

3. College / University Name: _____

To the ATTN of (Required*): _____

Please send by: Mail Email Fax

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Fax Number: _____

Please DO NOT include my SAT / ACT scores on my transcript

OFFICE USE ONLY	Date Sent:	Amount Due:	Amount Paid:
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