

# TRANSCRIPT REQUEST FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Current Grade or Year Graduated \_\_\_\_\_

## 24 Hour Notice Required

\_\_\_ Student pickup-Phone # \_\_\_\_\_

\_\_\_ Mailed to a College/University

\_\_\_ Request by Phone

1. Name of College/University to be mailed: \_\_\_\_\_

2. Name of College/University to be mailed: \_\_\_\_\_

3. Name of College/University to be mailed \_\_\_\_\_

**Student Transcripts \$1.00-First one of the year is free  
Graduate Transcripts \$2.00**

**I give my permission for test scores to be released  
If under 18 years of age parent signature required**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Paid to:**