High School Transcript Request Form

Student Name: ________________________________ Date: ______________

Student ID#: ______________________         Birthdate: ______________________

Graduation Date: ___________________       Total # Transcripts requested: _____

_____ Unofficial Transcript
_____ Official Transcript
_____ Mailed                ______Faxed
_______E-Mailed             _______Pick-Up

**Official Transcripts may be picked up in a sealed envelope. They become unofficial If the seal is broken.

Name of college/institution/scholarship: _____________________________________
Address: _______________________________________________________________
E-mail Address _______________________ Fax # _____________________________

Name of college/institution/scholarship: _____________________________________
Address: _______________________________________________________________

Name of college/institution/scholarship: ____________________________________
E-mail Address _______________________ Fax # _____________________________

Name of college/institution/scholarship: _________________________________
E-mail Address _______________________ Fax # _____________________________

Student’s Signature: ___________________________
Parent’s Signature : ___________________________

(Signature is needed if student is under 18)