

Request for Transcript

CASH ONLY

To be:

Mailed _____ Official - paper copy - \$5.00

Delivered to counselor _____

Picked up _____ Pick up date: _____ Unofficial - free

Please PRINT

Name: _____ ID# _____ Date of Birth _____

Phone #: _____ Graduation Date: _____

Mail To: _____ COLLEGE: _____

HOME: _____ ADDRESS: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ CITY: _____ ST: _____ ZIP: _____

(In Accordance with Public Law 93-380, Section 438, I hereby request the above school to release or mail a transcript of my credits earned.)

Signature _____ Date _____

PARENT SIGNATURE REQUIRED IF UNDER 18 YEARS OLD

FOR OFFICE USE ONLY (14/ho)

Paid _____ Done _____ Mailed _____ Picked up _____

Complete form below for additional transcript

Request for Transcript

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To be:

Mailed _____ Official - paper copy - \$5.00

Delivered to counselor _____

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Phone #: _____ Graduation Date: _____

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HOME: _____ ADDRESS: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ CITY: _____ ST: _____ ZIP: _____

(In Accordance with Public Law 93-380, Section 438, I hereby request the above school to release or mail a transcript of my credits earned.)

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Paid _____ Done _____ Mailed _____ Picked up _____