

Request for Transcripts

DATE: _____

CLASS OF: _____
(Or last year attended)

STUDENT NAME: _____
Last First Middle

BIRTHDATE: _____ PHONE NUMBER: _____ EMAIL: _____

Send Transcript To: (Please note: official transcripts cannot be released to students.)

College/University/Address

College/University/Address

Employer/Address

Number of copies _____

Payment Amount Enclosed _____
(\$5 per transcript)

Date desired _____

Please mail to _____

Scan or Email to _____

Fax to _____

The official high school transcript contains the following:

Personal Information: grade level, birth date and enrollment date.

Course Information: courses completed, grades earned, date of course completion, credits earned, notations if courses were Honors/AP.

Transcripts contain confidential information that can only be released with the permission of students 18 years of age or older. Students must authorize the request unless they have a conservator or authorize in writing another person to make the request.

Signature of Student or Conservator

Date

Relationship to Student