

Transcript Request Form

Student Name (Name as enrolled): _____

Date of Birth: _____ **Year of Graduation:** _____

Contact Phone #: _____ Contact Fax #: _____

Mailing Deadline for this transcript: _____

(Please allow 2-3 days after receipt of request for processing)

Name of Recipient: _____

College, Program or Individual

Office Use Only:

Rec'd: _____

Mailing Address: _____

Print: _____

Street or Campus Address

Mail: _____

Labels ___Y___N

City

State

Zip Code

Forms ___Y___N

Standardized Test Score Reminder: It is the student's responsibility to request test scores be sent to college application offices directly from the College Board or ACT.

Does this application require a counselor report? Yes No (circle one)

If yes, attach or otherwise submit any required counselor report forms with this request.

Student Signature (over 18): _____

Parent/Guardian Signature (under 18): _____