

Request for Transcripts

**NOTE: A 48-hour notice is required when requesting transcripts.
Transcripts are \$3 each.**

Please Print:

Date: _____ Amount Enclosed: \$ _____

Name (Last, First): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____ - ____ - ____ Year of Graduation: _____

Email: _____

Check **ONE**:

_____ I will pick up my official transcript.
(Please note: Main Office hours - on regular school day-7:15-2:45)

_____ I want my official transcript sent to:

Name-School, Organization, etc.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Official transcripts will be prepared in a sealed envelope and will be considered UNOFFICIAL if opened.

Student Signature: _____

FOR OFFICE USE ONLY:

DATE: _____ PROCESSOR: _____ SENT: _____ PICKED UP: _____