

Request for High School Transcript

___ Official ___ Unofficial

Student Name: _____

Date of Birth: _____ Date of Request: _____

Current Grade: _____ or Date of Graduation: _____

Telephone Number: _____

Please send my transcript to the following schools:

1. School _____

Address _____

Attention: _____

2. School _____

Address _____

Attention: _____

Signature of parent required if student is under 18 years old:

Signature of student if over 18 years old:

Office Use Only

Administrator Approval: _____ Date: _____

Date Mailed: _____ By: _____

Please return to Sandy Larson