



Transcript Request Form

Date Requested: _____

Graduation Date: _____

Student Legal Name: _____

Please select: _____ Pick up _____ Send

Please send my transcript to (please provide name and complete address):

1) School/University _____
Address: _____
City/State/Zip _____

2) School/University _____
Address: _____
City/State/Zip _____

3) School/University _____
Address: _____
City/State/Zip _____

I understand my transcript will be sent within 10 working days.

I understand SAT/ACT scores are NOT reported on my transcript.

Signature of Student

Date _____

Signature of Parent if parent is making the request

Date _____