

TRANSCRIPT REQUEST

DIRECTIONS: *PLEASE PRINT ALL INFORMATION*:

Student and parent permission is required to have an official high school transcript sent by U.S. mail or by electronic means. If a secondary school (counselor) report and/or counselor recommendation is required, please attach the report form and/or the student's high school resume.

STUDENT NAME _____ STUDENT ID #: _____

Phone # _____ Current Grade or Year Graduated: _____

E-mail Address: _____

(You will receive an email to confirm your transcript has been sent.)

_____ I give approval to have my transcripts and other student records **sent by U.S. Mail or electronically by The Common Application, SendEDU, etc.** to the following:

Name of College/Institution/University/Scholarship

DEADLINE: _____

Street Address

City/State

Zip

Signature of Student

Date

*Signature of Parent**

Date

**Parent signature required on first transcript request only*

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