



**TRANSCRIPT RECORDS REQUEST FORM**

Name of Student: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Grade: \_\_\_\_\_

Request for:  Official Transcript  Unofficial Transcript

\*Include ACT/SAT Test Scores:  Yes  No

Send Transcript to (print clearly): **COMPLETE MAILING ADDRESS PLEASE**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Email Transcript to:

\_\_\_\_\_  
Fax Transcript to:

\_\_\_\_\_  
Signature of Parent or Guardian:

\_\_\_\_\_  
Approved by:

OFFICE USE ONLY	
Process Date:	Signature of Processor:
Notes:	