



TRANSCRIPT REQUEST FORM

(Transcript requests may take up to 7 working days to process.)

Today's Date: _____

Please choose one: Current Student _____ Graduate _____ Former Student _____

Student Name on File: _____
First Name Last Name Mother's Maiden Name

Current Grade (if applicable): _____ Account #: _____

Requested By: _____ Phone: (____) _____ - _____

Reason for Transcript Request: Transfer* to another school in area _____ Summer Program _____

Transfer* to another school outside area _____ College Applications _____ Personal Records _____

Graduate or Former Student Only: Last year of attendance or graduation year _____

Type of Transcript Requested (*please indicate number of copies needed in the space provided*):

_____ Official/Sealed Copy _____ Student Copy

PLEASE VISIT THE FOLLOWING OFFICES FOR APPROVAL:

Authorized signature certifies that the above student is in good standing and records may be released upon request.

Business Office _____ Date _____ Amount Paid: \$ _____

Library _____ Date _____

Child Care _____ Date _____

Cafeteria _____ Date _____

Student Records _____ Date Transcript Prepared: _____

Transcript Received By: _____ Date _____
Printed Name

Signature

*School Transfers require a separate Withdrawal Form to be completed. Failure to submit that form may cause charges to your account until the student has been officially withdrawn.