



CHASKA HIGH SCHOOL

**545 Pioneer Trail
Chaska, MN 55318
(952) 556-7100**

OFFICIAL RECORDS REQUEST FORM

(Official Transcripts do not include ACT scores or student Class Rank unless indicated below)

Transcripts are also available electronically via parchment.com for \$5.00

Fee waiver is available through paper transcript request and via parchment.com.

- Payment and a signature are required for processing. The fee for each hard copy transcript is \$5.00. Transcripts will be sent out first class mail within 2-5 days of receiving this request. The fee for records request is \$10.00. Records will be available for pick-up within 10 working days of receipt of this form.
- Complete this entire form and return to the registrar's office (payment can be made by check or money order made payable to Chaska High School) to:

**Chaska High School
Attn: Registrar
545 Pioneer Trail
Chaska, MN 55318**

<input type="checkbox"/>	Include class rank on transcript
<input type="checkbox"/>	Include ACT scores on transcript (all scores will be sent)

Name: _____
Last First M.I.

Maiden or Former Name: _____

Date of Birth: _____ Year of Graduation: _____ OR Dates of attendance: _____

Current Address: _____

Phone #: (Required for contact or if there is a problem processing the request.) _____

TRANSCRIPT REQUEST ONLY (\$5.00/each):

I would like to pick up my transcripts. Number of copies needed: _____ OR SEND TRANSCRIPT TO:

(Please Print)

1. Institution/Organization _____

Attention: _____

Street Address _____

City, State and Zip Code _____

2. Institution/Organization _____

Attention: _____

Street Address _____

City, State and Zip Code _____

(continue on reverse side if necessary)

RECORDS REQUEST ONLY (\$10.00/each set):

I would like the following records copied (check all that apply or select complete records for all):

- | | |
|--|---|
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Test Results |
| <input type="checkbox"/> Elementary Report Cards | <input type="checkbox"/> Middle School Report Cards |
| <input type="checkbox"/> Enrollment History | <input type="checkbox"/> High School Transcripts |
| <input type="checkbox"/> Complete Records (all of the above records) | |

I hereby authorize Chaska High School to release my transcript or records to address(es) listed above:

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY Date Request Rec'd: _____ Date Transcript Mailed _____ Fee Paid: \$ _____ By: _____

TRANSCRIPT REQUEST CONTINUED

3. Institution/Organization _____
Attention: _____
Street Address _____
City, State and Zip Code _____

4. Institution/Organization _____
Attention: _____
Street Address _____
City, State and Zip Code _____

5. Institution/Organization _____
Attention: _____
Street Address _____
City, State and Zip Code _____

6. Institution/Organization _____
Attention: _____
Street Address _____
City, State and Zip Code _____