

# OFFICIAL TRANSCRIPT REQUEST FORM

## SYRACUSE HIGH SCHOOL

665 SOUTH 2000 WEST

SYRACUSE, UT 84075

Phone: (801)402-7900 Fax: (801)402-7908

PLEASE PRINT CLEARLY

Date \_\_\_\_\_

Name \_\_\_\_\_

Student # \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Graduation year \_\_\_\_\_

Please mark one:

\_\_\_\_ Please mail transcript • Deadline Date \_\_\_\_\_

\_\_\_\_ Will pick up in person

Purpose of Transcript

\_\_\_\_ Admission/Scholarship application

\_\_\_\_ Personal use

- AP, ACT, and SAT score will be included with all transcripts.
- All requests must be completed and signed
- All official transcripts are \$2.00 per copy
- Please make payment to Syracuse High School. Bring this request form in with your payment OR mail your request with payment to the above address (attention: Registrar)
- Please allow ONE WEEK for processing
- Only list addresses for colleges/universities not on the list.

Mail Transcript to: (\$2.00 fee/school)

\_\_\_\_ Brigham Young University (Provo, Idaho, or Hawaii)

\_\_\_\_ College of Eastern Utah

\_\_\_\_ Dixie State College

\_\_\_\_ LDS Business College

\_\_\_\_ NCAA

\_\_\_\_ Salt Lake Community College

\_\_\_\_ Snow College

\_\_\_\_ Southern Utah University

\_\_\_\_ University of Utah

\_\_\_\_ Utah State University

\_\_\_\_ Utah Valley University

\_\_\_\_ Weber State University

\_\_\_\_ Westminster College

\_\_\_\_ Other\*\*

I authorize Syracuse High School to release a copy of my transcripts.

Student Signature \_\_\_\_\_

\*\*Other (only schools not on list)

1. College/University \_\_\_\_\_

Person/Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. College/University \_\_\_\_\_

Person/Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. College/University \_\_\_\_\_

Person/Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Office use only)

DATE COMPLETED \_\_\_\_\_

PAID \$ \_\_\_\_\_