



TRANSCRIPT REQUEST (*FORMER STUDENTS ONLY*)
(Fee: \$5/transcript)

(Your Name)

(Year of Graduation)

(E-mail address)

(Phone Number)

Where should we send your transcript? (If you will pick up the transcript at HHS, please check here: ____)

1) _____
Name/Place

Street Address

City State Zip Code

2) _____
Name/Place

Street Address

City State Zip Code

Special Requests/Comments:

FOR OFFICE USE ONLY

1. Mail/Pick-up Date: _____

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Date Received: _____

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I hereby authorize Hopkins High School to send my transcript to the placed listed above.

Signature: _____

Date: _____