

TRANSCRIPT REQUEST FORM

Deadline Date: _____ Application Electronically Filed: YES NO

INSTRUCTIONS: List only one (1) college or scholarship per form with complete name and address.

***You will receive three (3) transcripts FREE during your SENIOR year. ***
Additional transcripts are \$2.00 each. Faxed/rush transcripts are \$4.00 each.
DO NOT turn in a request beyond three (3) without money. Your transcript will not be sent.

Date _____ Student I.D. # _____

Legal Name _____ Birth Date _____

Maiden Name (if married) _____

Current Home Address _____

Current Home Phone _____

Graduation Year _____ or Last Year on File _____

Name of College
Or Scholarship: _____

Attention of: _____

Street Address: _____

City, State, Zip Code: _____

MY SIGNATURE BELOW AUTHORIZES RELEASE OF GRADES AND STANDARDIZED TEST SCORES. (PARENT SIGNATURE IS REQUIRED IF UNDER THE AGE OF 18).

Student Signature

Parent Signature

Transcript Request Forms must be submitted to the Registrar's Office 3 to 5 days prior to the deadline to be mailed out. If they are received after the 3-day notice, we will not be able to guarantee the mailing of transcripts for colleges/university and/or scholarship deadlines.

FOR PARK HILL REGISTRAR USE ONLY

Do not write in this area.

Date Rcvd: _____ Date Sent _____ Comments _____ Initials _____

Application _____ Check/Money order _____ Rec. Letters _____

Schedule _____ Attachments _____

Transcript Fee: Cash _____ or Check # _____