

# TRANSCRIPT REQUEST FORM

**INSTRUCTIONS:** List only one (1) college or scholarship per form. Transcripts are \$2.00 each. Faxed or rushed transcripts are \$4.00 each. Do not turn in a request without money.

Date \_\_\_\_\_

Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Maiden Name (if married) \_\_\_\_\_

Current Home Address \_\_\_\_\_

Current HomePhone \_\_\_\_\_

Graduation Year \_\_\_\_\_ or Last Year on File \_\_\_\_\_

**PLEASE SEND AN OFFICIAL TRANSCRIPT TO:  
You must provide a complete address or transcript will not be sent.**

Name of College  
Or Company \_\_\_\_\_

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 and/or scholarship deadlines.

SEND THIS COMPLETED FORM AND YOUR FEE TO:  
PARK HILL HIGH SCHOOL  
ATTN: REGISTRAR  
7701 NW BARRY RD.  
KANSAS CITY, MO 64153