REQUEST FOR OFFICIAL HIGH SCHOOL TRANSCRIPT INCLUDING TEST SCORES AND EVALUATIONS

(For Transcripts to be **Official** they must be sent by the High School)

Print Last Name **Print** First Name M.I. Yr. Graduated Date of Birth

Name and address of college, employer, or other agency to which official records are to be sent:

_____ _____

_____ _____

_____ _____

Deadline for this application is: _____

Mail/fax/scan completed form to: Summit High School
Attn: Registrar
POB 7
Frisco, CO 80443
Fax: 970-368-1197
Email: Neta.Hodson@summitk12.org

_____ _____

Student's Signature Date

FOR OFFICIAL USE ONLY

Date Recv'd. _____ By _____ Date Mailed _____

(10/07)transreq