



**TRANSCRIPT REQUEST FORM
 FAIRVIEW HIGH SCHOOL
 1515 Greenbriar Boulevard
 Boulder CO 80305
 ATTENTION: Counseling Department**

Please complete all requested information and print your information clearly. A fee of \$2 is assessed for each transcript request. Please make check payable to Fairview High School. You may also make an online payment at Fairviewhs.org. Select "online payments", select "additional items/events", select "transcripts", and enter payment.

Please mail this request with payment to the address provided above or email the request with a copy of your online payment receipt to: **FHStranscripts@bvsd.org**
You will NOT receive a reply from FHS unless there is a problem with your request.
It is up to YOU to contact your admissions department and confirm it has received your transcript.

If necessary, you may FAX your request and proof of payment to:
 Fairview Counseling Office: 720-561-5333
 Fairview Main Office (*June and July only*): 720-561-5353

Name: _____
 (your EXACT name at time of attendance at FHS)

Date of Birth (MM/DD/YY): _____ Phone number: _____

Current Name: _____ Today's Date: _____
 (if different than while attending FHS)

Year of Graduation: _____ **OR** Dates of Attendance: _____

Official transcripts MUST be mailed directly to the requesting school or place of business. Unofficial transcripts are for your own use, but will not be accepted by an educational institution.
Please allow 2-5 business days for this request to be processed.

_____ Official Transcript (\$2 each) _____ Unofficial Transcript (\$2 each)
 (sent directly to educational institution or business) (provided to student)

Please provide the complete mailing or email address to the university, organization or individual:

STUDENT SIGNATURE: _____

For Office Use Only: Paid _____ Processed _____ Sent _____ Initials _____
