



TRANSCRIPT REQUEST FORM

*This form must be completed in its entirety.
Incomplete information may result in transcript not being sent.*

Please check the box that indicates how this transcript is to be processed.

_____ Mail OR _____ Pick-Up

NAME: _____

Current Grade: _____ OR Did You Graduate? _____
IF YES, WHAT YEAR? _____

TRANSCRIPT TO BE SENT TO: _____
(Name of University/Institution)

To the Attention of: _____

The Transcript will be marked to the attention of the admission office of the listed institution unless otherwise requested to be sent to a different location.

UNIVERSITY/INSTITUTION ADDRESS: **(will not send without address listed)**

Today's Date: _____

Is there a deadline? YES / NO If so, give date: _____
(You must give at least one week notice for transcripts to be processed)

I understand that a complete official transcript will include my Grades as well as my
PSAT/PLAN /ACT or SAT score.

Student's Signature: _____

Spreadsheet: _____

Date Received: _____

Date Sent: _____