Harding High School Alumni

Fill in this transcript request form, and mail with a check for $5 made out to *Harding High School* to the following address:

Harding High School
c/o Der Lee
1540 East Sixth Street
St. Paul, MN 55106

Transcript Request

Request Information

Name on High School Diploma (no nicknames): _____

CIF (if known – optional): _____

Date of Birth: _____ Graduation Year: _____

Mailing Address Name: _____

Mailing Address Street Line 1: _____

Mailing Address Street Line 2: _____

Mailing Address City: _____

Mailing Address State: _____ Mailing Address Zip: _____

Do not send Social Security number!

Questions? Call Der Lee 651-744-1112

Signature *Date*

Office Use Only

☐ Check Received

☐ Transcript Sent

Comments:

Office Signature *Date*