

ALUMNI TRANSCRIPT REQUEST

One transcript will be sent per transcript request.

I have applied for admission to _____.

An OFFICIAL TRANSCRIPT of my high school credits is required to complete the application.

My signature below authorizes you to send my transcript to:

School Name: _____

School Address: _____

A fee of \$2.00 is required for EACH transcript or college application request.
Failure to provide the required fee will result in a processing delay.

Please print the following information:

NAME: _____

DATE OF BIRTH: _____

MAIDEN NAME: _____

CURRENT

ADDRESS: _____

YEAR OF GRADUATION: _____ PHONE: _____

SIGNATURE: _____

Note: Official Transcript means the transcript will have a counselor signature and the school seal. Official transcript must be mailed directly to the college/university, scholarship, or employment facility requesting the information. **An Official Transcript will not be released to an individual under any circumstance.**

For office use only

Date requested _____ Date mailed _____ Sent by: _____