

# CVCHS

## TRANSCRIPT REQUEST FORM

### Counseling Center

Please print or type

LAST NAME:	FIRST NAME:
ADDRESS: (Street, City, State, Zip)	
PHONE NUMBER:	DATE:

<b>CURRENT STUDENTS:</b> Have you taken any summer school classes during High School?  Yes      No
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<b>CVC ALUMNI:</b> Year of Graduation: _____  Maiden Name: _____
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### CHECK ALL THAT APPLY:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Official Transcript   | <input type="checkbox"/> Send Immediately  | <input type="checkbox"/> Fax Transcript    |
| <input type="checkbox"/> Unofficial Transcript | <input type="checkbox"/> Give to Counselor | <input type="checkbox"/> Pick-up in Office |

SEND TRANSCRIPT TO:

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SEND TRANSCRIPT TO:

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SEND TRANSCRIPT TO:

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SEND TRANSCRIPT TO:

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**STUDENT SIGNATURE**

I authorize release of my school transcript to the colleges and universities to which I will apply.

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_  
DATE MAILED: \_\_\_\_\_