

IROQUOIS HIGH SCHOOL
Transcript Request

*****for on-line applications only*****

Please complete and return to the Student Support Services Department.

Student Name _____ HR _____ Date _____

Graduation Month/Year _____ Recommendation Requested from: _____

Send to: _____

<p>School Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>	<p>Specific Letters/Documents to include:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>If sending to an academic institution, please indicate intended major: _____</p>	
<p>Early Action/Early Decision <input type="checkbox"/></p>	<p>Common Application <input type="checkbox"/></p>

<p>School Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>	
<p>If sending to an academic institution, please indicate intended major: _____</p>	
<p>Early Action/Early Decision <input type="checkbox"/></p>	<p>Common Application <input type="checkbox"/></p>

<p>School Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>	
<p>If sending to an academic institution, please indicate intended major: _____</p>	
<p>Early Action/Early Decision <input type="checkbox"/></p>	<p>Common Application <input type="checkbox"/></p>

Did you waive your rights to access? Yes No

Student Signature _____

OVER ⇨