



Request for Release of Student Transcript

AFSA High School
100 Vadnais Heights Blvd
Vadnais Heights, MN 55127
651-209-3910

Please print

Today's Date: _____

Full Name (*Name under which you attended school*)

Date of Birth

Year Graduated/Withdrawn

CERTIFIED COPY - Name and address of the college, university, employer, etc, to which you would like a certified copy sent: (*A certified copy is an official copy with the district's embossed seal.*)

Authorized Person or Agency/College/Scholarship Program

Address

City/State/Zip

STUDENT COPY – Indicate your address below to obtain a student copy of your transcript: (*Student copies are often NOT accepted by colleges, universities, military, employers, scholarship, and committees.*)

Name

Address

City/State/Zip

Signature (*Required*)

Phone number

Please Note: Request forms should be sent to AFSA High School, Attn: Transcript Processing, 100 Vadnais Blvd. Vadnais Heights, MN 55127

Transcript request are processed each week on Wednesday or 10 business days from the date received.

Only one request per release please!

For office use only:
Transcript processed on _____