



Farmington High School

20655 Flagstaff Avenue Farmington, MN 55024

Transcript Request Form

Student Name: _____ Graduation Year: _____ DOB: _____
 Date: _____ Phone Number: _____

- Each college transcript must be requested in Xello **first**. *(current student only)*
- \$5 fee for each transcript requested. *(cash, check or money order-no electronic payments)*
- **Common Applications: FERPA Waiver** must be completed in Xello for transcript requests.
- **Common App account** must be linked to Xello and Counselor selected.

Please send transcript to:	Applied directly to the College	Applied via Common App	Scholarship
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete/send the following with transcript on my behalf:

____ Additional form(s) for counselor (included with Transcript Request.)

I hereby authorize Farmington High school to send the transcript(s) and college or scholarship application materials indicated above to the colleges or agencies listed on this form:

Student Signature: _____

Parent Signature: _____

(Required for students under 18)

FOR OFFICE USE ONLY

Date Received: _____

Total Fees Paid: _____

Check # _____ Cash _____

Date Sent: _____