

Transcript Request

Date requested: _____

High School Graduation year _____

Last Name _____ First Name _____

Name of College you want transcript mailed to: _____

Complete address of College: _____

Fax number (if you want it faxed instead of mailed): _____

Official copy needed _____

Unofficial copied needed _____

Signature: _____

Date: _____

For office use only: School bill/fees up to date: ___ yes ___ no

Date sent: _____ Signature: _____