

Transcript Request Form

Date _____

 Last Name, First Name & Middle Name

 (Area code) Phone number

 (D.O.B.)

 Year of Graduation

 Student I.D.

<input type="checkbox"/>	Sent Electronically (No Cost)	<input type="checkbox"/>	Requesting Pick-Up (\$2.00)	<input type="checkbox"/>	Paid	<input type="checkbox"/>	Not Paid
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#	Name of College/University	Mailing Address	City, State, Zip	Attn:
1				
2				
3				
4				

AUTHORIZATION STATEMENT

I hereby authorize the release of my child's grades (9-12) and test scores to the requested Institutions.

 Student Signature

 Parent/Guardian Signature

❖ PAPER TRANSCRIPTS COST \$2.00. and we will mail them directly within 3 business days.

 Date Sent:

 Date Sent:

 Date Paid: