

Transcript Request

NAME (print) _____ DATE _____

Circle record /indicate how many requested: official transcript ___ unofficial transcript ___ immunization ___

Mail to the following:

1. _____ ADDRESS _____

OR School Address ID Code# _____

2. _____ ADDRESS _____

OR School Address ID Code# _____

3. _____ ADDRESS _____

OR School Address ID Code# _____

College requests will be sent to the Office of Admissions unless noted otherwise. First four records (including official or unofficial transcript, immunization, etc) are free for **JUNIOR STUDENTS ONLY**. Each additional copy is \$3. **SENIORS PAY A ONE-TIME FLAT FEE OF \$10 FOR THE ENTIRE YEAR.**

SIGNATURE _____ DATE OF BIRTH _____ GRAD YEAR _____

PHONE NUMBER _____ TOTAL # REQUESTED ON THIS FORM _____

If needed, please continue on the backside for additional schools.