



Transcript Request Form

Upon receipt of completed Request Form, a minimum of 1-2 business days is required to process the request. PEAK times may take longer.
(Allow extra time for transit by mail)



Student Information:

Name: _____

Date: _____ Telephone: _____

Address: _____

Date of Graduation: _____

SIGNATURE _____

Signature is required before transcript is released. Transcripts are not released if a student has an unpaid debt to the school.

Number of Copies: _____

- Official - (Registered Mail) \$4.00
- Needed at Completion of Semester
- Official – (Regular Mail)
- Unofficial- Given to Student/Parent
- Official- Sealed- Given to Student/Parent
- PDF Version to be emailed to:

Payment needs to be made prior to the request being processed.
Contact the Sandi Skender at 782-6761 ext. 103 for payment and record the receipt number here.

Receipt# _____

Please fill in only if we are sending it to the school or scholarship committee:

Send To:

School Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

School Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

*Addresses are required for all requests being mailed out. Incomplete forms will not be processed and a new request, including charges, will have to be placed.

Office Use:

Processed by: _____ Date: _____