TRANSCRIPT REQUEST FORM

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle (Maiden Name)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City, State, Zip

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_

Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR Date Last Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To comply with the provisions of the Family Education Rights and Privacy Act of 1974, permission is here given to school officials to release the secondary school record and other requested information to the following college/university:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Student (REQUIRED) Date of Request

Transcripts can only be released with the consent of the Student and only with the student’s signature attached. Transcripts cannot be released by telephone. All transcript requests must be in writing. Transcripts released to the individual or mailed to the individual student will be labeled “UNOFFICIAL COPY.” The transcript will be mailed within 3-5 school/business days after the receipt of the request form.

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Signature of School Official Date Sent