

## Transcript Process/Request Form

All requests for transcripts must:

- be hand-delivered by a parent/guardian directly to the counseling office
- be accompanied by a pre-addressed envelope with adequate postage
- have proper information completed by the parent on any school-specific request forms
- be delivered at such a date as to allow a minimum of 10 days processing time prior to due date

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date Transcript due to recipient: \_\_\_\_\_

Institution to receive transcript: \_\_\_\_\_

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

---

If you also require teacher/counselor recommendations, forms must be submitted with this request and indicate the teachers/counselor to receive the forms.

Teacher/Counselor Name	Subject
_____	_____
_____	_____
_____	_____
_____	_____

---

If you would like to be contacted when transcripts/forms are mailed, please choose a contact method:

Postcard (please provide postage)

Phone (     )     -

Email \_\_\_\_\_

I give permission for the release of transcripts to the organization/agency indicated above and agree to the process as described above. Any additional records (i.e. end of year report card) must be requested on a separate form.

---

Parent/Guardian Name

---

Parent/Guardian Signature

---

Date

FOR OFFICE USE ONLY:

Date Received:

Date all recommendations received from teachers: \_\_\_\_\_

Date Transcript Mailed: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_