

Processor's Initials: _____

Date Processed: _____

TRANSCRIPT AND REPORT CARD REQUEST

NAME: _____ SS# or ID: _____

ADDRESS: _____

PHONE #: _____

YEAR OF GRAD.: _____

Please check one of the following categories:

_____ **Official Transcript** - (mailed directly to the College or scholarship sponsor)
SENIORS ONLY (First (3) three requests free, additional request \$3.00)

_____ **Include Test Scores**

_____ **Do Not Include Test Scores**

_____ **Unofficial Transcript** (personal use only)

_____ **Copy of Current Report Card** (\$1.00)

Note: Official transcripts must be mailed from the school directly to the college or scholarship sponsor. Fees and/or applications may be mailed at the same time.

1. Name of College/University or Requesting Agency and Address

2. Name of College/University or Requesting Agency and Address

3. Name of College/University or Requesting Agency and Address

4. Name of College/University or Requesting Agency and Address

****REQUEST DEADLINE****

Please allow ten (10) days for processing

***Student Signature**

Date