

Transcript Request Form

(Allow *AT LEAST 3 DAYS* for processing)

Name _____ Grade _____ Date _____

Please indicate the number needed:

- Request _____ OFFICIAL TRANSCRIPT PACKET(S)
(Transcript w/GPA and rank/class size, school profile, and test scores)

- Request _____ OFFICIAL TRANSCRIPTS(S) w/GPA and rank/class size only

_____ Returned to student in a sealed envelope

_____ To be mailed by Guidance to the school(s) listed below

_____ Returned to the counselor

- Request _____ UNOFFICIAL TRNSCRIPTS(S)

_____ Returned to student

1. _____

2. _____

3. _____

4. _____

** Requests turned in by Wednesday will be processed by Monday of the following week.