

Date of Request \_\_\_\_\_

# Transcript Request

(For students not currently enrolled)

Date Processed \_\_\_\_\_

**\*\* Transcripts are free for 365 days after graduation and \$3.00 for each official transcript thereafter \*\***  
*Acceptable forms of payment include cash, check or money order made payable to the school.  
Payment must be received to begin the processing of this request.*

Name \_\_\_\_\_  
Last First Middle or Maiden

(Name when enrolled in high school if different from above) High School Attended

Years attended \_\_\_\_\_ Year of graduation \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Is the transcript to be mailed? ( ) Yes ( ) No, it will be picked up

Print the complete name and address of the person or institution to which this transcript is to be released:

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

Number of copies requested \_\_\_\_\_

Total \$ \_\_\_\_\_

**\*\* Transcripts will be ready for pickup five business days after payment and request are received. \*\***

Regulations governing the release of transcripts:

1. Confidentiality of student records requires written consent of the student to release transcripts.
2. All financial and academic obligations to the high school must be resolved before transcripts can be issued.
3. An ID is required to process all transcripts.

The Family Education Rights & Privacy Act of 1974, Public Law 93-380, Section 483 (FERPA) requires written consent of the student before any information, other than directory, can be released. By signing this form, I am requesting that the high school furnish my transcript, including my complete testing record, to the recipient(s) listed. I, the undersigned, acknowledge that I am the undersigned listed on the transcript.

\_\_\_\_\_  
Student Signature (*REQUIRED*)

\_\_\_\_\_  
Date

For Office Use Only	
Request taken by:	Date Payment Received:
Date Mailed:	Mailed By:
Date Faxed:	Faxed By:
Date Picked Up:	Picked Up By: