

Transcript Request

Date Requested: _____

Name of Student/ Graduate: _____

Birth date: _____ Grade: _____ Year Graduated: _____

Please check one of the following:

_____ Unofficial transcript (You may make unlimited copies of an unofficial transcript)

_____ Official transcript (An official transcript is stamped and sealed)

Send to: _____

PLEASE NOTE THAT THERE IS A \$2 CHARGE FOR OFFICIAL TRANSCRIPTS

Student Signature: _____

Date sent: _____ Sent by: _____