



Request for High School Transcript

Today's date _____ Student's Name _____ Grade _____

Information Required for High School Transcript:

Home Address _____

City/State/Zip _____

Phone Number _____

Race/Ethnicity: _____ White _____ Black or African American _____ Asian
_____ Hispanic/Latino _____ American Indian _____ Other

Sex _____

Student DOB _____

Place of birth _____

Social Security Number _____

Mother's Name _____

Father's Name _____

Please Send to the Following Address:

Mail: Name of Educational Institution _____

Address _____

City, State, Zip Code _____

Or

Email: Email Address _____

Contact _____

Phone _____

**Return completed form to Guidance Counselor.
Please allow 1 week for your request to be processed.**