

DATE _____ YEAR YOU GRADUATED _____

GRAHAM HIGH SCHOOL
TRANSCRIPT REQUEST FORM

NAME _____

BIRTHDATE _____

TYPE OF TRANSCRIPT NEEDED:

_____ OFFICIAL – COLLEGES AND UNIVERSITIES REQUIRE THESE TO BE MAILED BY
GRAHAM HIGH SCHOOL

_____ UNOFFICIAL – FOR PERSONAL COPY

****Note—Your test scores are confidential. We CANNOT send test scores, they must be sent direct from ACT or CollegeBoard**

List the names of the colleges you wish the transcripts to be sent. Please do not use initials like TWU because that can stand for several universities.

TO: _____
