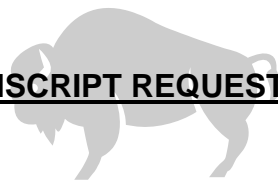


TRANSCRIPT REQUEST FORM



NAME: _____
(LAST) (MAIDEN) (FIRST) (MIDDLE)

Email : _____ Phone #: _____ Year Graduated: _____

Student Address: _____

Send Transcript To: _____ (ATTN: _____)
(College, University, Scholarship Organization, Business, Etc.)

Address: _____
(mailing address, fax #, or email address)

Transcript is to be sent:

- ____ directly to above address.
- ____ to me. Or picked up personally. (Sealed envelope – Official)
- ____ to me. Or picked up personally. (Transcript will be UNOFFICIAL.)

Transcript must include:

- ____ 6 sem. (end of junior year)
- ____ 6 sem. & 1st quarter report card.
- ____ 7 sem. (includes S1 sr. yr. Report card)
- ____ 8 sem. (end of senior year)
- ____ American College Test (ACT) scores
- ____ Scholastic Aptitude Test (SAT) scores
- ____ PSAT scores
- ____ Others (specify): _____

For Office Use Only

Date transcript was mailed/delivered _____

Initials _____

Student's Signature Date OR Parent's Signature Date

****Request form can be faxed or emailed.***