

TRANSCRIPT REQUEST

Name _____

Date: _____ Grade or Year Graduated: _____

Send transcript to:

(Print complete address / zip code)

Name of College / Institution

***A fee of \$2.00 MUST BE PAID
BEFORE transcript can be sent.***

Name of Office / Department / Person

***PLEASE check if you would like
your transcript to be given to your
counselor to be mailed with
your application or other
information*** _____

Street / P.O. Box

City / State

Yes

Zip Code