



REQUEST FOR TRANSCRIPT

"Our mission is to educate and empower our students to reach their potential."

Name _____
 (First) (Middle) (Maiden) (Last)

_____ () _____
 (Date of Birth) (Social Security #) (Daytime Telephone #)

_____ Graduate: Yes No
 (High School Attended) (Year of Attendance)

IF NEEDED - Elementary and/or Middle School _____

Fax Transcript
 Name of Recipient _____ Fax # () _____

Mail Transcript
 Name/Organization _____

Address _____
 (Street) (City) (State) (Zip)

Signature _____ **Date** _____

Note to Applicant

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain States require that written permission be granted for the release of academic records by high schools. When a student becomes 18, the permission or consent required of and rights of the parents shall thereafter be required of the student. Please complete and sign the form above.