



## College Transcript Request

Date of Request \_\_\_\_\_

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Circle One: Pick Up or Send Transcript to:

Include name and complete address for the college/university below

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Please Circle:

Do you want your ACT score sent? Yes No Test Date: \_\_\_\_\_

Do you want your SAT score sent? Yes No Test Date: \_\_\_\_\_

Please let the office know which college/university  
you will attend so your final transcript can be sent.

(Final transcripts will be available approximately the last week in June.)

(Office use only Date Request Processed \_\_\_\_\_)