



Circle One:	
9 th	10 th
11 th	12 th
Alumni Year: _____	

Transcript Request

Today's Date: _____

Student Name: _____ Date of Birth: _____
(please print)

Transcript for: _____
(name of school, college, scholarship, etc.)

Please include:

- | | |
|---|--|
| <input type="checkbox"/> Transcript with courses/grades | <input type="checkbox"/> Give to: _____
(counselor) |
| <input type="checkbox"/> SAT scores | |
| <input type="checkbox"/> ACT scores | |
| <input type="checkbox"/> AP scores | <input type="checkbox"/> Will pick up Official Transcript in sealed envelope |
| <input type="checkbox"/> PSAT scores | <input type="checkbox"/> Will pick up Unofficial Transcript |
| <input type="checkbox"/> Other | |

College Deadline: _____

- Postmarked
- Received

Transcript Fee: \$3

With transcript, please send:

- Teacher Recommendation Letters (list teacher's names):

- Resume
- Counselor Report/Secondary School Report
- Counselor Recommendation Letter
- Essay(s)
- Top 10% Letter
- Midyear report
- Supplementals
- Other: _____

Office Use Only	
Received (Registrar)	_____
Received (Counselor)	_____
Mailed	_____

Alumni Signature or

Parent Signature for Current Student: _____ **Date** _____

Revised 5/10