

## Official Transcript Request Form

Students complete the following:

Transcript needed for:

Unofficial copy (free) \_\_\_\_\_ Official copy—4 free then \$5 each \_\_\_\_\_

Application Deadline \_\_\_\_\_ Counselor \_\_\_\_\_

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

College/Scholarship Name \_\_\_\_\_

College Address \_\_\_\_\_

Please check one:

Return to student \_\_\_\_\_ Mail directly to college \_\_\_\_\_

### FOR OFFICE USE ONLY

Date request received in counseling office \_\_\_\_\_

Date Mailed \_\_\_\_\_ Initials \_\_\_\_\_

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