



TRANSCRIPT REQUEST FORM

I give permission to send my transcripts to the colleges/universities/institutes listed below.

Print Student Name (First & Last) _____ Student Signature _____ Parent/ Guardian Signature _____ Parent/ Guardian Signature Date _____

<p>Name of College/Scholarship _____</p> <p>College Address: Street _____ City _____ State _____ Zip _____</p> <p>FAX or Email _____</p> <p><input type="checkbox"/> Special Instructions _____</p> <p><input type="checkbox"/> Letter from College Counselor <input type="checkbox"/> Secondary School Report <input type="checkbox"/> Letter of Recommendation</p> <p><input type="checkbox"/> Send by mail <input type="checkbox"/> Scoir <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Pick-up</p> <p><input type="checkbox"/> Due Date _____ <input type="checkbox"/> Post Marked Date _____</p>
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TRANSCRIPT REQUEST FORM - CONT'D

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