Transcript Request Form
Please allow 72+ hours to process all requests.

How is this transcript being sent?

☐ Naviance-Please list the required school(s) below:

________________________________________________________________________

☐ Emailed-List the contact name and email information below:

________________________________________________________________________

☐ Postage-School or Scholarship Organization address

Office Name: _______________________________________________________________

School/Org. Name: __________________________________________________________

Street Address: ____________________________________________________________

________________________________________________________________________

Transcript Type: ACT scores?

_____Initial _____Yes
_____Mid-Year _____No
_____Final

Student Printed Name: ______________________________________________________

Student Signature: ___________________________ Date: _____________

Parent Signature: _______________________________ Date: _____________

Office Use: Date Received: _______________ Date sent: _______________