



Transcript Request Form (Senior)
(PLEASE PRINT)

This form should be used primarily for scholarships and other incidental transcript requests. Please submit your request to your guidance counselor at least two weeks prior to the required date. *If you are submitting your request when school is not in session, please submit this form directly to the Principal's Office.

Student: _____ Advisement Group: _____
Guidance Counselor: _____ Email: _____

1. There are two types of transcripts. Please check which type you are requesting.

A. OFFICIAL TRANSCRIPT: bears the official raised seal of the school and are sent to organizations like a college, university, or a scholarship foundation. Faxed transcripts are not official because the raised seal does not transmit in a fax. Official transcripts are generally not given directly to a student. In the exceptional cases, where a student must include an official transcript with his own materials, the school can either mail out the completed materials on the student's behalf, or the transcript will be given to the student in a sealed envelope with a signature or stamp across the back flap. For each official transcript issued, there is a \$2.00 processing fee for current students, and \$4.00 per transcript for alumni. For seniors, transcripts requested during the first and second trimesters will be billed to the student before the end of the year. In the third trimester, and for all other students, transcript requests should be accompanied by the appropriate fee.

B. UNOFFICIAL TRANSCRIPT: does not bear the official seal or a signature from a school official

2. Please carefully complete the information below, including the exact name and address of the institution or organization:

Name of Scholarship/ Organization: _____
Mailing Address: _____

3. Please note special instructions below, including:

A. Due Date: _____ Received by? _____ Postmarked? _____

B. Please check one:
___ Mail directly to address noted above.
___ Student will pick up either Guidance Counselor (or Principal's Office)

C. Other Materials required: (please check any that apply):
___ counselor recommendation
___ specific recommendation form (if so, please attach to this request form)
___ other (_____)

Date Submitted: _____ Student's Signature: _____

For Office Use Only

Date Received by Guidance: _____ If applicable, date Forwarded to Information Manager: _____
Date Transcript (circle one) Mailed / Emailed Student for Pick-up: _____ By (initials): _____
Special Instructions: _____
Recorded in Transcript Log: Y ___ N ___ Received: \$ _____ Billed to Student Account: _____