

SOUTH HIGH
TRANSCRIPT REQUEST FORM
(Allow 24 hours for processing)

Today's Date: _____

Last Name	First Name	Middle Initial	Birthdate
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Current Address	City	State	Zip
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() Phone Number	Student Number
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GRADUATION DATE: _____

Transcript cost: \$2.00 per transcript (Official or Unofficial) CASH ONLY (no coins)	Date Needed: _____
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Number of official transcripts: _____	Number of unofficial transcripts: _____
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Will pick up: _____	Please Mail: _____
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*Student to provide stamped envelope addressed
To college(s)*

<u>Name of College</u>	<u>Address</u> (COMPLETE NAME & ADDRESS)
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PERMISSION TO RELEASE RECORDS

X _____
SIGNATURE OF PARENT (Required if student is under the age of 18)

X _____
SIGNATURE OF STUDENT

FOR OFFICE USE ONLY:
Date of pick-up _____
Mailing date _____
Amount Paid _____