

# High School Transcript Request Form

\* Allow at least ONE week for processing \*

Student's Name \_\_\_\_\_ Grade/Grad Yr \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Give to Student

\_\_\_\_\_ Mail

\_\_\_\_\_ Fax

## List Schools/ Scholarship Organizations to Mail/Fax to:

- |    |       |    |       |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
| 3. | _____ | 4. | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Mr. Campbell's Signature*

\_\_\_\_\_  
*Date Processed*

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|    | _____ |    | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Mr. Campbell's Signature*

\_\_\_\_\_  
*Date Processed*