



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:

____ Initial
____ Mid-Year
____ Final

ACT scores?

____ Yes
____ No

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office Use: Date Received: _____

Date sent: _____