

High School Transcript Request Form (Former SHHS students)

Print legibly

NOTE: SHHS does not have copies of diplomas.

Student Name as shown on transcript: _____ Date of Birth: _____

Year Graduated: _____ Best contact number: _____

Choose what is needed:

_____ Transcript to be mailed: (\$6 exact cash or check)

Name of institution _____

Complete Address _____

_____ Transcript to be emailed: (\$5 exact cash or check)

Name of institution _____

Complete email address _____

_____ Transcript to be picked up: (\$5 exact cash or check)

Number of transcripts needed: _____

Does transcript need to be sealed? Y or N Does transcript need to be stamped? Y or N

If student is not picking up, who is? _____

By signing this form, I give my permission to release my transcript to the information given on this form.

Signature: _____ Date: _____

Note: A copy of your driver's license or other state issued ID is **required** to process. If you are not picking up your transcript yourself, the person picking it up must have a copy of your license. You may also fax this form and a copy of your license to 337-217-4481.

***** Office Use Only *****

Date form received in counseling office _____ Initial of person who received form _____

Date transcript sent _____ Initial of person who sent transcript _____