

# High School Transcript Request Form (Current SHHS students)

Print legibly

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Choose what is needed:

\_\_\_\_\_ Transcript to be mailed:

Name of institution \_\_\_\_\_

Complete Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Transcript to be emailed:

Name of institution \_\_\_\_\_

Complete email address \_\_\_\_\_

\_\_\_\_\_ Transcript to be picked up:

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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ OR

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date form received in counseling office \_\_\_\_\_ Initial of person who received form \_\_\_\_\_

Date transcript sent \_\_\_\_\_ Initial of person who sent transcript \_\_\_\_\_