



Transcript request for Current Students

Students Name _____ Student ID: _____ Date: _____

(Print Only)

Student (18 or Older) or Parent Signature _____

An Official transcript will be mailed or emailed to the College or University listed below.

Name and Address of College or University

Check all that apply

- Application Complete?
 With ACT or SAT scores?
 Without ACT or SAT scores?

Name and Address of College or University

Check all that apply

- Application Complete?
 With ACT or SAT scores?
 Without ACT or SAT scores?

Name and Address of College or University

Check all that apply

- Application Complete?
 With ACT or SAT scores?
 Without ACT or SAT scores?