

TRANSCRIPT REQUEST FORM

Student's Name: _____

Maiden or Other Name(s): _____

Date of Birth: _____ Year of Graduation: _____

ACT/SAT SCORES: Schools may require an official copy of test scores be sent directly from the testing agency. If copies are acceptable at your school, you may request which scores you would like sent.

I would like my ___ ACT ___ SAT scores sent.

I have taken the ACT/SAT _____ times.

I would like my score(s) sent from _____ date or _____ all dates.

(If you can't remember the date-what score would you like sent?)

Send copy of transcripts to:

1. _____

2. _____

3. _____

Attached is a \$1.00 (Cash or Check made payable to Craig High School) in payment of the transcript fee. (Current seniors attending Craig High School do NOT have to pay the \$1.00 fee for their first three transcripts).

Student signature if over 18

Date

Parent Signature if Student under 18

Date

Phone Number: _____

Office use only

Transcript Received on: _____

1. _____

2. _____

3. _____

Transcript Sent on: _____

Transcript done by:

Fee: