

FINAL TRANSCRIPT REQUEST

DATE OF REQUEST: _____ DATE MAILED: _____

College Bound Seniors: Please complete this form if you have been accepted into a college this fall. In order to finalize your acceptance, colleges must receive a final transcript. However, you must return this form to indicate we are authorized to mail your final transcript. Remember, if you have outstanding fees on your account, report cards and final transcripts will be placed on hold until the financial obligation has been met. Final transcripts will be mailed to the college you have indicated the week of June 18TH.

Student's Name: _____
Last Name First Name Middle

Date of Birth: _____

Name of College: _____

Branch/Address: _____

If you need additional copies mailed, please indicate the name and address of the college below.

Please provide a daytime telephone number in the event we need to contact you regarding your request.

Daytime Telephone number: _____

Signature of student requesting final transcript:

Student Signature

Date

RETURN COMPLETED FORM TO: MRS. CLARK, FHS GUIDANCE OFFICE