

TRANSCRIPT REQUESTS

TO BETTER SERVE YOU, PLEASE NOTE THAT IF THE INFORMATION GIVEN IS NOT ACCURATE, WE WILL NOT BE ABLE TO ACCOMMODATE YOUR REQUEST.

\_\_\_\_\_ (Check if you need your transcripts OFFICIALLY SEALED.)

#COPIES YOU REQUIRE: \_\_\_\_\_  
(If this is not filled out you will only get one copy)

NAME: \_\_\_\_\_  
(As it was during school)

BIRTHDATE: \_\_\_\_\_

LAST HIGH SCHOOL: \_\_\_\_\_ (Include Park West, PASS)

LAST YEAR ATTENDED: \_\_\_\_\_  
GRADE/AGE: \_\_\_\_\_

NEED:  
(Please check only what you need)

DROP \_\_\_\_\_

GRADUATED \_\_\_\_\_

High School: \_\_\_\_\_

Middle School: \_\_\_\_\_

LAST MIDDLE SCHOOL : \_\_\_\_\_

Elem. School: \_\_\_\_\_

LAST YEAR (OR GRADE) ATTENDED: \_\_\_\_\_

DROP \_\_\_\_\_

COMPLETED \_\_\_\_\_

LAST ELEMENTARY SCHOOL : \_\_\_\_\_

DROP \_\_\_\_\_

COMPLETED \_\_\_\_\_

PLEASE CHECK ONE:

Pick up: \_\_\_\_\_ (PLEASE SIGN BELOW WHEN YOU PICKUP - I.D. REQUESTED)

Mail: \_\_\_\_\_

(If they are to be mailed, please include Self -Addressed Stamped Envelopes per copy to compensate for postage costs. Envelopes can be provided upon request. Turn in request and envelopes to the Microfilm clerk at counter. If clerk is not available, please place form and envelope in slot provided above the table. Thank you.)

DAYTIME CONTACT/MESSAGE NUMBER: \_\_\_\_\_

SIGNATURE: (I. D. requested for pick up) \_\_\_\_\_

FOR OFFICE USE ONLY:

DATE CONTACTED: \_\_\_\_\_ RECEIVED: \_\_\_\_\_

CONTACTED FOR MORE INFORMATION:

