

MINOR HIGH SCHOOL TRANSCRIPT REQUEST FORM

FORMER Minor High Students

Please Print:

Name at Time of Graduation: _____
Last First M.I.

Phone Number: _____ Date of Birth: _____

Date of Request: _____ Year of Graduation: _____

*******Official and Unofficial transcripts are \$5.00 per copy*******

I give my permission for Minor High School to release a copy of my transcript.

Please check one:

_____ I will pick up the copy in the guidance office.

_____ Please send a copy of my transcript to the college(s) or institute(s) listed below:

Name of College or Institute	Address (Required, including zip code)

***Request form must be turned in at least 1 week before it needs to be mailed or picked up.

Signature: _____ Date: _____

Paid: _____ Date: _____

Request Completed By: _____ Date: _____