

FT. ZUMWALT EAST TRANSCRIPT REQUEST

I, _____, a member of the graduating class of _____, hereby give permission to have a copy of my transcript sent to the following location:

College/University Name

College/University Address

City, State, and Zip code

I understand that my transcript will include all semester grades and test scores earned during my high school career.

Student Signature

Date

Parent Signature (required if student is under 18)

Date

Please check here if you have applied to the above college through one of the following formats:

Common Application

Send EDU

Return completed form to Fort Zumwalt East Guidance Department.

Date received by Counseling Dept: _____

Date mailed _____ (initials) _____

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