

TRANSCRIPT REQUEST

I, _____, a member of the graduating Class of _____, hereby give
(print your name)
permission to have a copy of my transcript sent to the following location:

College/University Name

College/University Address

College/University 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's signature _____ Date: _____

Parent's signature _____ Date: _____

Return completed form to: Fort Zumwalt East Counseling Office.

Date Received by Counseling Department _____

Date Mailed _____ **Initials** _____

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