

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

Address

City, State, and Zip code

I understand that my transcript will include all semester grades, test scores, absences and tardies received during my high school career.

Student Name (please print)

Student Signature

Date

Parent Signature (required if student is under 18)

Date

Return completed form to Fort Zumwalt East Guidance Department.

Date received by Guidance _____

Date mailed _____ (initials) _____

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