

Request for Transcript

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Reason for Request (College or Scholarship Application) \_\_\_\_\_

Transcript should be mailed to (College name / address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission to send ACT and/or SAT test scores as a part of my transcript: \_\_\_\_Yes \_\_\_\_No

I give my permission to send Health Records as a part of my transcript: \_\_\_\_Yes \_\_\_\_No

This transcript should be sent:

\_\_\_\_By itself (I applied on online)

\_\_\_\_By itself (I sent the application separately)

\_\_\_\_With other application materials which I have provided.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Current High School Students - \$1.00 \_\_\_\_\_ Former Graduates of North Boone – \$2.00 \_\_\_\_\_

For Office Use Only:

Date transcript and other materials sent:

\_\_\_\_\_

North Boone Community Unit School District 200 7:340-E5