



Official Transcript Request Form

Student's Name _____

**Transcripts are \$3.00 each. If you receive Free/Reduced Lunch, this fee will be waived.
If there is one, be sure to bring/email the college's Secondary School Report Form to Dr. Gonzalez.
If you need a letter of recommendation, give Dr. Gonzalez (and your teachers) plenty of time.**

Organization(s) to Which Transcript Should be Sent:

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Release of Student Records

By law, written permission is required to release student records to a third party.

I give approval for a transcript to be sent by U.S. mail or electronically to the organizations listed above for the named student.

Student Signature _____ Date _____

Parent/

Guardian Signature _____ Date _____

Office Use Only

Request Received on _____ Paid _____ Waived _____

Transcript Mailed on _____ Initials _____